

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097323

1. Entity Name

SUNPATH DESIGNS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90241 036 ***150.00

Principal Place of Business

Mailing Address

1020 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD FL 33019

1020 SOUTH SOUTHLAKE DRIVE
HOLLYWOOD FL 33019-1932

2. Principal Place of Business

21050 POINT PLAGE

3. Mailing Address

21050 POINT PLAGE

Suite, Apt. #, etc.

#1404

Suite, Apt. #, etc.

#1404

City & State

AVENTURA, FL.

City & State

AVENTURA, FL.

Zip

33180

Country

Zip

33180

Country

4. FEI Number

65-0891510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES J. GOLDMAN, P.A.
601 S FEDERAL HWY.
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

D
NAME MILLER, SUSAN
STREET ADDRESS 1020 SOUTH SOUTHLAKE DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☒ Change ☐ Addition

D
NAME MILLER, SUSAN
STREET ADDRESS 21050 POINT PLAGE #1404
CITY-ST-ZIP HOLLYWOOD, FL. 33180

TITLE ☐ Delete

D
NAME MCCLUNEY, ROSS
STREET ADDRESS 2287 COX ROAD
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan S. Miller SUSAN S. MILLER 2/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)