02/22/02 17:41 FAX 5615690160 KINDEL & LENZ

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Apr 10, 2002 8:00 am
Secretary of State
03-11-2002 90077 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098413

1. Entity Name

SUNRISE APIARIES, INC.

DO NOT WRITE IN THIS SPACE

23180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8297 Orange Ave.		8297 Orange Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Pierce, FL.		City & State: Ft. Pierce, FL.	
Zip: 34945	Country: St. Lucie	Zip: 34945	Country: St. Lucie

4. FEI Number: 67-0731198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Registered Agent

Ivan Martinez
901 Diplomat Parkway
Hollywood, FL. 33019

Name: Maria Martinez
Street Address (P.O. Box Number is Not Acceptable): 8297 Orange Ave.
City: Ft. Pierce, FL Zip Code: 34945

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: IVAN D. MARTINEZ [signature] 2/21/02
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Martinez, Ivan 901 Diplomat Parkway ~~Hollywood, FL. 33019~~	8297 Orange Ave. Ft. Pierce, FL. 34945	change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Secretary Martinez, Maria 8297 Orange Ave. Ft. Pierce, FL. 34945	add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] IVAN. D. MARTINEZ 02/21/02 954.275.9962
Signature and typed or printed name of signing officer or director Date Daytime Phone #