

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000102592****1. Entity Name**  
**SUNFLOWER ENTERPRISES, INC.****FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90191 037 \*\*\*150.00

0156962 AV

**Principal Place of Business****1905 NW 169TH AVE**  
**PEMBROKE PINES FL 33028****Mailing Address****1905 NW 169TH AVE**  
**PEMBROKE PINES FL 33028****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0881033**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****CORONADO, RAMONA**  
**7360 CORAL WAY**  
**SUITE 21**  
**MIAMI FL 33155****7. Name and Address of New Registered Agent**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **PSD** ☐ Delete  
**NAME** **RODRIGUEZ, SORAYA**  
**STREET ADDRESS** **1905 NW 169TH AVE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33028****TITLE** **VD** ☐ Delete  
**NAME** **RODRIGUEZ, AMPARO**  
**STREET ADDRESS** **1905 NW 169TH AVE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33028****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:****SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)