

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000677

1. Entity Name

CBM SUN CORP.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90152 035 ***150.00

0088252

Principal Place of Business

1001 N FEDERAL HWY
STE 202
HALLANDALE FL 33009

Mailing Address

1001 N FEDERAL HWY
STE 202
HALLANDALE FL 33009

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1170 N FEDERAL HWY

Suite, Apt. #, etc.

APT # 810

City & State

FORT LAUDERDALE

Zip

33304

Country

U.S.A.

3. Mailing Address

1170 N FEDERAL HWY

Suite, Apt. #, etc.

APT # 810

City & State

FORT LAUDERDALE

Zip

33304

Country

U.S.A.

4. FEI Number

65-0918932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 N FEDERAL HWY
STE 202
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

MARC LABOSSIERE

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

1222 N.E. 4th AVENUE

City

FORT LAUDERDALE

FL

Zip Code

33304

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)

01/25/01

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, 2001 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

TITLE ☐ Delete
NAME P
STREET ADDRESS BERNEDE, CHRISTIANE
CITY-ST-ZIP 1170 N FEDERAL HWY #810
FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christiane BERNEDE April 08 - 2001

Date

Daytime Phone #

CR2E034 (10/00)