FILED May 11, 2000 8:00 am Secretary of State

DOCUMENT #	P99000013355
. Entity Name	

SUN ENTERPRISES OF SOUTH FLORIDA, INC.							
Principal Place of Business	Mailing Address						
19200 NW 6TH AVE. MIAMI FL 33169	19200 NW 6TH AVE. MIAMI FL 33169-3521						
2. Principal Place of Business	3. Mailing Address						

						_	04-10-2000	90158	041 ***1	150.00	
Principal Place of Business 9200 NW 6TH AVE. ### AVE. #### AVE. ###################################											
			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE II	THIS SPA	.CE		
City & State			City & State			47 F	El Number 0 932 09	18	1	blied For Applicable	
Zip Country			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					_
	6. Name and Address	of Current Re	gistered Agent	l		7. N	Name and Address of New Regi	stered Ag	ent		
19208	EMICHAEL, RUTH) NW 6TH AVE.				Name Street Address	s (P.O. B	lox Number is Not Acceptable)	:			
MIAMI FL 33169					City			FL	Zip Code		ı
O The share			he was a state of the section is		ad office or regio	lorod on	gent, or both, in the State of Florida				
b. The above a	named entity submits this s	statement for t	ne purpose or changing its	s register	ed office of regis	ered ag	gent, or pour, in the state or honor	a. /			
SIGNATURE _	GEBLEM/ Signature, typed or printed name of n	CHAE	1 title if applicable (NOT	P TE: Registere	Prediction of the property of	f , ired when re	einstating)	5/0 DATE	<u>0</u>		I
Tax filing requirement and elects to do so		000 Fee	EE IS \$150.00 ee will be \$550.00 Department of Sta		10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee				ļ		
11.	OFF	CERS AND D	IRECTORS	12.		AC	DDITIONS/CHANGES TO OFFICE	RS AND D	RECTORS	SIN 11	۱.
DILE	D		☐ Delete	TITL	E			[Change	Addition	66
NAME	GEBREMICHAEL, RUT	H		NA).	_				•		4 (9
STREET ADDRESS CITY - ST-ZIP	19200 NW 6TH AVE. MIAMI FL 33169				eet address (-st-zip						CR2E034 (9/99)
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indicated	l on this report or suppleme	ental report is trustee empor	true and accurate and that wered to execute this repo	t my sign xt as reci	ature shall have l	ne same	n 119.07(3)(i), Florida Statutes. I f e lega! effect as if made under oa orida Statutes; and that my name :	un; tnat i ar	n an onicer	or director	