

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90396 032 ***550.00

DOCUMENT # P99000022406

1. Entity Name

SUN SUM AT ABACOA, INC.

Principal Place of Business

Mailing Address

**6709 EGRET NEST LANE
 WEST PALM BEACH FL 33413**

**6709 EGRET NEST LANE
 WEST PALM BEACH FL 33413**

844320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1209 MAIN STREET

3. Mailing Address

1209 MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

JUPITER FL

City & State

JUPITER FL

4. FEI Number

65-0957891

Applied For

Not Applicable

Zip
33458

Country **USA**
~~FLA BEAC~~

Zip
33458

Country **USA**

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

**NGAI, TOM
 6709 EGRET NEST LANE
 WEST PALM BEACH FL 33413**

Name
BRIAN S. SHETRON

Street Address (P.O. Box Number is Not Acceptable)
1209 MAIN STREET

APT # 201

City **JUPITER**

FL

Zip Code
33458

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 of Brian S. Shetron]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/04/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **NGAI, TOM**
 STREET ADDRESS **6709 EGRET NEST LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **PID** ☒ Change ☒ Addition
 NAME **BRIAN S SHETRON**
 STREET ADDRESS **1209 MAIN STREET**
 CITY-ST-ZIP **APT 201 JUPITER, FL 33458**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 of Brian S. Shetron]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/01

Date

(561) 627-1989

Daytime Phone #

CR2E034 (10/00)