9/16/2002-90136-001-$1,100.00-$950.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 12 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99350

REINSTATEMENT 02

DOCUMENT #
1. Entity Name
P99000023068
SUN-TEL USA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10169 FOXCROFT RD. W.	10169 FOXCROFT RD. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32257 Country:	Zip: 32257 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 650918693 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: BABADI, BOB
Street Address (P.O. Box Number is Not Acceptable)
10169 FOXCROFT RD. W.
City JACKSONVILLE FL Zip Code 32257

DO NOT WRITE IN THIS SPACE

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] BOB BABADI 9/12/02
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) ☑

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	BABADI, BOB
STREET ADDRESS	10169 FOXCROFT RD. W.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	BABADI, JAHAN
STREET ADDRESS	10169 FOXCROFT RD. W.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E0348 (12/01)

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] Jahan Babadi 9/12/02 9043948585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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