

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085938

1. Entity Name

SUN LAND & RGITC, CO.

Principal Place of Business

Mailing Address

5201 BLUE LAGOON DRIVE, 8TH FLOOR
MIAMI FL 33126

5201 BLUE LAGOON DRIVE, 8TH FLOOR
MIAMI FL 33126-2064

2. Principal Place of Business

8271 NW 166th Terrace

Suite, Apt. #, etc.

3. Mailing Address

8271 NW 166th Terrace

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Miami Lakes

Zip

33016

Country

Miami Dade

Zip

33016

Country

Miami Dade

4. FEI Number

65-0989779

Applied For

Not Applicable

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

MEJIA, JOSE D

5201 BLUE LAGOON DRIVE, 8TH FLOOR

MIAMI FL 33126

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, 2000 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 PD
NAME MEJIA, JOSE D
STREET ADDRESS 5201 BLUE LAGOON DRIVE, 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Donick Mejia

Date

04/24/00 606827-7307

Daytime Phone #

00 JUN 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE