

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90168 045 ***150.00

DOCUMENT # P99000104741

1. Entity Name

SUN FLORIDA BUILDERS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 SW 135TH AVE#112

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33183

Country

City & State

Zip

Country

4. FEI Number

65-0968727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCO GABRIEL 5600 SW 135TH AVE Suit #112 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CASAS GABRIEL F 5600 SW 135 AVE Suit #112 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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; that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

Date

Daytime Phone #