

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106787

1. Entity Name
SUNBAK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-07-2000 90039 018 ***150.00

Principal Place of Business
**2815 DIRECTORS ROW STE 900
ORLANDO FL 32809**

Mailing Address
**2815 DIRECTORS ROW STE 900
ORLANDO FL 32809**

2. Principal Place of Business
8516 SANDBERRY BLVD

3. Mailing Address
8516 SANDBERRY BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO - FLORIDA

City & State
ORLANDO - FLORIDA

4. FEI Number
59-3619326

Applied For
☐ Not Applicable

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

Zip
32819

Country
USA

Zip
32819

Country
USA

6. Name and Address of Current Registered Agent
**UNGAR, MARIO
2815 DIRECTORS ROW STE 900
ORLANDO FL 32809**

7. Name and Address of New Registered Agent
Name
UNGAR, MARIO
Street Address (P.O. Box Number is Not Acceptable)
8516 SANDBERRY BLVD
City
ORLANDO FL Zip Code
32819

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 **MARIO UNGAR** **02-29-2000**
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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE UNGAR, MARIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNGAR, MARIO		NAME 8516 SANDBERRY BLVD	
STREET ADDRESS 2815 DIRECTORS ROW STE 900		STREET ADDRESS ORLANDO - FLORIDA - 32819	
CITY-ST-ZIP ORLANDO FL 32809		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **MARIO UNGAR** **02-29-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)