

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90085 034 ***150.00

0127572 AV

DOCUMENT # S72482

1. Entity Name
SUNRAY INTERNATIONAL, CO.

Principal Place of Business

170 S. E 5TH AVE
 APT #302
 DANIA FL 33004

Mailing Address

170 S. E 5TH AVE
 APT #302
 DANIA FL 33004

2. Principal Place of Business

C/O 1222 NE 4th AVE
 Suite, Apt. #, etc.

3. Mailing Address

C/O 1222 NE 4th AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

4. FEI Number

65-0283211

Applied For

Not Applicable

Zip

33304

Country

33304

Zip

33304

Country

33304

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARC, LABOSSIERE

1222 N.E. 4TH AVE.

BLDG G

FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BLAIN, REAL	
STREET ADDRESS	1464 BELLERIVE	
CITY-ST-ZIP	IBERVILLE, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIN, PATRICK	
STREET ADDRESS	1464 BELLERIVE	
CITY-ST-ZIP	IBERVILLE, CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

01/29/2002

819-514-9187

CR2E034 (9/01)