## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$94979** May 04, 2000 8:00 am **Secretary of State** SUN AWAY, INC. 05-04-2000 90114 002 \*\*\*158.75 Principal Place of Business Mailing Address 2152 TYLER ST 2152 TYLER ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6717 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State City & State 4. FEI Number 65-0255901 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLOS A. ESCOBAR Street Address (P.O. Box Number is Not Acceptable) 2152 TYLER ST SUITE 302 HOLLYWOOD FL 33020 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE NAME ESCOBAR, MARIA P. NAME STREET ADDRESS STREET ADDRESS 14415 N KENDALL DR. #409 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition TITLE ☐ Delete TITLE NAME **ESCOBAR, CARLOS** NAME STREET ADDRESS 2152 TYLER ST STREET ADDRESS CITY-ST-ZIP-CHY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME **ESCOBAR, AUCIA** NAME STREET ADDRESS 2152 TYLER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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: CIRCLE COLOR SIGNATURE AND TYPED OR PRINTED NAME D SIGNING OFFICER OR DIRECTOR

Date

Date