

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90085 019 ***150.00

A0041684



DO NOT WRITE IN THIS SPACE

DOCUMENT # V07964

1. Entity Name
PEARLS BY SUNI INC.

Principal Place of Business
18861 BISCAYNE BOULEVARD
NO. MIAMI BEACH FL 33180

Mailing Address
18861 BISCAYNE BOULEVARD
NO. MIAMI BEACH FL 33180-2839

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
65-0313067

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GREGORY, NICHOLAS
10328 PANAMA ST.
COOPER CITY FL 33026

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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 D ☐ Delete
NAME GREGORY, NICHOLAS
STREET ADDRESS 11318 N.W. 16TH STREET
CITY-ST-ZIP PEMBROKE PINES FL
TITLE D ☐ Delete
NAME GREGORY, SUNI
STREET ADDRESS 11318 N.W. 16TH STREET
CITY-ST-ZIP PEMBROKE PINES FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 932-3788
Date Daytime Phone #

Apr 19, 2000 8:00 am
Secretary of State
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