2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # V45511 Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** SUNYWORLD ENTERPRISES, INC. 01-14-2000 90035 017 ***150.00 Principal Place of Business Mailing Address 7955 SW 187TH TERR 7955 SW 187 TERR MIAMI FL 33157-7474 MIAM! FL 11357 CUUU3384 2. Principal Place of Business 3. Mailing Address 12315 Pine Needle Ln 2315 Pine Needle Ln Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Pinecrest, 65-0503941 Pinecrest, FLNot Applicable Country USA Zip 33156 Country USA \$8.75 Additional ^{Zip} 33156 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 🛴 __ Delima, Marcos DELIMA, MARCOS Street Address (P.O. Box Number is Not Acceptable) 7600 SOUTHWEST 105TH TERRACE MIAMI FL 33156 12315 Pine Needle Ln City Pinecrest, FL ^Z\$\$956 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) 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 11. 12. **PDST** P X Change ☐ Addition TITLE ☐ Delete TITLE NAME DeLima, Marcos NAME DELIMA, MARCOS 12315 Pine Needle Ln STREET ADDRESS STREET ADDRESS 7600 SW 105TH TERRACE CITY-ST-ZIP CITY-ST-ZIP Pinecrest, FL 33156 MIAMI FL ☐ Change X Addition X Delete TITLE TITLE NAME DeLima, Patricia 12315 Pine Needle Ln CASTILLO, PATRICIA NAME STREET ADDRESS STREET ADDRESS 7600 SW 105 TERR Pinecrest, FL 33156 CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE -NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 bither like empowered.