2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V45511

1. Entity Name

SUNYWORLD ENTERPRISES, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90229 045 ***150.00

Principal Place of Business

7955 SW 187 TERR
MIAMI FL 11357
US

Mailing Address

7955 SW 187TH TERR
MIAMI FL 33157-7474
US

660006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12315 Pine Needle Ln

Suite, Apt. #, etc.

City & State: Pinecrest, FL

Zip: 33156 Country: USA

3. Mailing Address

~~12315 Pine Needle Ln~~

Suite, Apt. #, etc.

City & State: Pinecrest, FL

Zip: 33156 Country: USA

4. FEI Number: 65-0503941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELIMA, MARCOS
7600 SOUTHWEST 105TH TERRACE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: Delima, Marcos

Street Address (P.O. Box Number is Not Acceptable)

12315 Pine Needle Ln

City: Pinecrest, FL Zip Code: 33156

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete	TITLE		☐ Change ☐ Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
☐ Delete	TITLE		☐ Change ☐ Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
☐ Delete	TITLE		☐ Change ☐ Addition
	NAME		
	STREET ADDRESS		
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	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
☐ Delete	TITLE		☐ Change ☐ Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
☐ Delete	TITLE		☐ Change ☐ Addition
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

CR2F034 (9/99)

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] 5/10/01 305 663-4443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #