

06-18-2002 90484 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

869322

DOCUMENT #
 1. Entity Name **P000000 14537** ✓
SUN CAPITAL PRODUCTS, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1713 W. 33 PLACE
 Suite, Apt. #, etc.

3. Mailing Address
1713 W. 33 PLACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH FLA.

City & State
HIALEAH FLA.

Zip
33012-4515 Country
U.S.A.

Zip
33012-4515 Country
U.S.A.

4. FEI Number
65-1026196

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
CONNIE SAWICKI

Street Address (P.O. Box Number is Not Acceptable)
1713 W. 33 PLACE

City
HIALEAH FL Zip Code
33012-4515

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 date if applicable. (NOTE: Registered Agent signature required when retreating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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	PRESIDENT CONNIE SAWICKI 1713 W. 33 PLACE HIALEAH, FLA. 33012-4515
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR20034B (1/2001)

18. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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 on an attachment with an address, with all other like empowers.

SIGNATURE: *Connie Sawicki, Pres.* 4/29/02 - (786) 324-6187