## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # 748746 Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** SUNSHINE CONDOMINIUM APTS., INC. 02-02-2000 90018 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 2829 VAN BUREN STREET 2829 VAN BUREN STREET HOLLYWOOD FL 33020-4293 HOLLYWOOD FL 33020-4526 2. Principal Place of Business 3. Mailing Address 2829 VAN BUREN ST 2829 VAN BUREN ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2010072 HOLLYWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3 3 DZ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIANE M.CROWTHER Street Address (P.O. Box Number is Not Acceptable) KULNIS, JOHN J. 2437 JACKSON ST GRANT HOLLYWOOD FL 33020 Zip Code 3 3 02 0 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PSD Change Addition TITLE PSD Delete M. CROWTHER KULNIS, JOHN NAME DIANE STREET ADDRESS 2437 JACKSON ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE TD HAWKINS, HARRIS NAME STREET ADDRESS STREET ADDRESS 2420 FILLMORE: ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change Addition ☐ Delete TITLE TITLE NAME NAME GONZALES, RUFINO STREET ADDRESS STREET ADDRESS 818 NE 4TH STREET CITY-ST-ZIP CITY-ST-ZIF HALLANDALE FL Addition Change Delete TITLE M. CROWTHER GRANT ST. PD TITLE NAME KULNIS, JOHN NAME STREET ADDRESS STREET ADDRESS 2437 JACKSON ST CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33020 TITI F ☐ Delete TITLE NAME CHUCK, DERRICK NAME STREET ADDRESS STREET ADDRESS 2829 VAN BUREN ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered