

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 029 ***150.00

B0027772

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000044808**

1. Entity Name

SUNSHINE Bloodstock, Inc. ✓

Principal Place of Business

Mailing Address

**541 Golden Harbour Dr.
 Boca Raton, FL 33432**

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0518200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Jorge J. Ameglio
 541 Golden Harbour Dr.
 Boca Raton, FL 33432**

Name

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

City

FL

Zip 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	☐ Delete
NAME	Jorge Ameglio	
STREET ADDRESS	541 Golden Harbour Dr.	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP	☐ Delete
NAME	KRISNA Ameglio	
STREET ADDRESS	"SAME"	
CITY-ST-ZIP		
TITLE	2 VP	☐ Delete
NAME	Fabiola Parenteau	
STREET ADDRESS	"SAME"	
CITY-ST-ZIP		
TITLE	treasurer	☐ Delete
NAME	Solomaine de Dorati	
STREET ADDRESS	"SAME"	
CITY-ST-ZIP		
TITLE	SECRETARY	☐ Delete
NAME	MONICA Ameglio	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 21 '00 561-3389284

CRZE034 (9/99)