

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250454

1. Entity Name

SUNSHINE KITCHENS INC

Principal Place of Business

16111 N W 13TH AVENUE
MIAMI FL 33169

Mailing Address

16111 N W 13TH AVENUE
MIAMI FLA 33169-5711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE PD
NAME PONDER, GENE
STREET ADDRESS 16111 NW 13 AVE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE DV
NAME SCHWARTZ, BRIAN
STREET ADDRESS 16111 N W 13TH AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE DV
NAME MNAYMNEH, SAMI
STREET ADDRESS 16111 N W 13TH AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE VST
NAME PEARSON, ROBERT
STREET ADDRESS 16111 N W 13TH AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE V
NAME MONAHAN, LEE
STREET ADDRESS 16111 N W 13TH AVENUE
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

ROBERT A. PEARSON

Date

Daytime Phone #

1/11/00

(903) 935-3680

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90122 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0936301** Applied For
Not Applicable

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

CR2E034 (9/99)