

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 336302

1. Entity Name

SUNSHINE PATTERN & SALES CO.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90939 015 ***150.00

Principal Place of Business

Mailing Address

2373 N.W. 149TH STREET
 OPA-LOCKA FL 33054

2373 N.W. 149TH STREET
 OPA-LOCKA FL 33054-3131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1230438

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZIDOW, WILLIAM
 736 N.E. 126TH STREET
 NO. MIAMI FL 33161

Name RICHARD C. BERTSCH

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

6828 S.W. 13TH STREET

City PEMBROKE PINES FL

Zip Code 33023

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 Richard C. Bertsch

Signature, typed or printed name of registered agent and title if applicable.

RICHARD C. BERTSCH (P)

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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 P ☐ Delete
 NAME RICHARD C. BERTSCH
 STREET ADDRESS 6828 S.W. 13TH STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE VP ☒ Delete
 NAME BERTSCH, STEPHEN R
 STREET ADDRESS 6828 S.W. 13TH STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-28-00

Date

305-681-0767

Daytime Phone #

CR2E034 (9/99)