

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2001 8:00 am
Secretary of State

03-08-2001 90117 047 ***150.00

DOCUMENT # 445764
 1. Entity Name
SUNSHINE OPTICIANS, INC.

Principal Place of Business 3585 NE 207TH ST. #3C AVENTURA FL 33180	Mailing Address 3585 NE 207TH ST. #3C AVENTURA FL 33180
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2. Principal Place of Business	3. Mailing Address 410 HMPD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 16100 N. 16 Ave
City & State	City & State NO. MIAMI BEACH FL
Zip	Country
33142	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1521154	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MATT, (JOSEPH)
5730 SW 88TH AVE
COOPER CITY FL 33328

7. Name and Address of New Registered Agent
 Name **DAVID J. HART, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
100 NORTH BISCAYNE BLVD.
SUITE 2600
 City **MIAMI** FL Zip Code **33132**

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 David J. Hart DATE 03-22-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VD MATT, JOSEPH 5730 SW 88TH AVE COOPER CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOTZER, BELINDA 15521 BRIARWOOD MANOR DAVE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MATT, JUANITA 5730 SW 88TH AVE COOPER CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MOISES HOIRES 3585 NE 207 street, suite 3C Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D JONATHAN HOIRES 3585 NE 207 street, suite 3C Aventura, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T ELIAS SULTAN 3585 NE 207 street, suite 3-C Aventura FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE 3/6/01 DAYTIME PHONE # 305 577-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)