2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 529448** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name SUNSHINE FIRE EQUIPMENT, INC. 04-13-2000 90084 031 ***158.75 Principal Place of Business Mailing Address 11610 S.W. 56TH STREET 11610 S.W. 56TH STREET MIAMI FL 33165-6813 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1750032 Not Applicable Zip Country \$8.75 Additional 5._Certificate of Status Desired - ---Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, RAUL R. Street Address (P.O. Box Number is Not Acceptable) 11610 S.W. 56TH STREET **MIAMI FL 33165** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition TITI F ☐ Delete TITLE ☐ Change NAME NAME FERNANDEZ, RAUL R. STREET ADDRESS STREET ADDRESS 11610 S.W. 56TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME REYES, ALBERTO STREET ADDRESS STREET ADDRESS 11610 S.W. 56TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME FERNANDEZ. MARISELA NAME STREET ADDRESS STREET ADDRESS 11610 S.W. 56TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete