

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90021 017 ***158.75

DOCUMENT # 584817

1. Entity Name

BISCAYNE SUNSHINE, INC.

Principal Place of Business

Mailing Address

305 CUMBERLAND ST.
 OTTAWA, CANADA K1N7J1

305 CUMBERLAND ST.
 OTTAWA, CANADA K1N7J1

2. Principal Place of Business

MIAMI BEACH

Suite, Apt. #, etc.

3. Mailing Address

305 CUMBERLAND ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FLORIDA

City & State

OTTAWA

4. FEI Number

59-1946140

Applied For

Not Applicable

Zip

3310

Country

DADE

Zip

K1N7J1

Country

CANADA

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

SERMAN, TIBOR
6039 COLLINS AVE., APT 531
MIAMI BEACH FL

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

TIBOR SERMANN - PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Tibor Serman

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
NAME

PD
SERMAN, TIBOR
6039 COLLINS, AVE., 531
MIAMI BEACH FL

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

TD
SERMAN, AGNES
6039 COLLINS AVE., 531
MIAMI BEACH FL

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VD
NADOR, GUSZTAV
4747 COLLINS AVE., 501
MIAMI BEACH FL

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

SD
NADOR, CLARA
4747 COLLINS AVE., 501
MIAMI BEACH FL

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

Delete

TITLE
NAME

Change Addition

STREET ADDRESS
CITY-ST-ZIP

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)(f), 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:

SIG TIBOR SERMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tibor Serman

Date

Daytime Phone #