

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71895

1. Entity Name

SUNSHINE REALTY CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90488 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1860 NORTH CONGRESS AVE.  
WEST PALM BEACH FL 33401

1860 NORTH CONGRESS AVE.  
WEST PALM BEACH FL 33401-1604

2. Principal Place of Business

4411 Beacon Circle

3. Mailing Address

4411 Beacon Circle

Suite, Apt. #, etc.

Suite 1B

Suite, Apt. #, etc.

Suite 1B

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. FEI Number

59-2359736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

JACQUES, BRION  
1860 N. CONGRESS AVE.  
W PALM BEACH FL 33401

Name

Jacques Brion

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

4411 Beacon Circle - Suite 1B

West Palm Beach

City

FL

Zip Code

33407

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME JACQUES, BRION  
STREET ADDRESS 4411 BEACON CIRCLE #3  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PT ☒ Change ☐ Addition  
NAME Jacques Brion  
STREET ADDRESS 4411 Beacon Circle - Suite 1B  
CITY-ST-ZIP West Palm Beach - FL 33407

TITLE S ☐ Delete  
NAME BARACK, PETER  
STREET ADDRESS 333 WEST WACKER DR #2700  
CITY-ST-ZIP CHICAGO IL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

04.24.00

Daytime Phone #

561 842 9600

CR2E034 (9/99)