

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90287 003 ***150.00

DOCUMENT # H17073

1. Entity Name

SUNSHINE MARINE TANKS INC.

Principal Place of Business

**1755 W 31 PLACE
HIALEAH FL 33012**

Mailing Address

**1501 SW 99 COURT
MIAMI FL 33174**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**DIAZ, ANA
1501 SW 99 COURT
MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name

ANA DIAZ

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

1755 W. 31 PLACE

City

Hialeah

FL

Zip Code

33012

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, 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	P	MACIAS, LUCY	☐ Delete
NAME			
STREET ADDRESS		7620 SW 97 AVENUE	
CITY-ST-ZIP		MIAMI FL 33173	
TITLE	T	CASTILLO, GINA	☐ Delete
NAME			
STREET ADDRESS		8818 SW 103 AVENUE	
CITY-ST-ZIP		MIAMI FL 33173	
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	LUCY MACIAS	☒ Change ☐ Addition
NAME			
STREET ADDRESS		1755 W. 31 PLACE	
CITY-ST-ZIP		Hialeah, FL 33012	
TITLE	T	Gina Castillo	☒ Change ☐ Addition
NAME			
STREET ADDRESS		1755 W. 31 PLACE	
CITY-ST-ZIP		Hialeah, FL 33012	
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
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:

Lucy Macias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 364-0711

CR2E034 (10/00)