

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011538

1. Entity Name
SUNSHINE LENDERS II, L.L.C.

FILED

01 JAN 18 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2198 N.W. 126TH AVENUE
PEMBROKE PINES FL 33028

Mailing Address
2198 N.W. 126TH AVENUE
PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1042252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, STEPHEN C
19 WEST FLAGLER STREET, SUITE 600
MIAMI FL 33130

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGR ENRIQUEZ, KELLY
STREET ADDRESS
2198 N.W. 126TH AVENUE
CITY-ST-ZIP
PEMBROKE PINES FL 33028 ☐ Delete

TITLE NAME
MGR WASERSTEIN, ALAN
STREET ADDRESS
6001 N.W. 153RD STREET, SUITE 110
CITY-ST-ZIP
MIAMI LAKES FL 33014 ☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)