

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90011 025 ****50.00

0011416

DOCUMENT # L01000002660

1. Entity Name
SUNSHINE INVESTMENTS SERVICES, L.L.C.

| | |
|--|--|
| Principal Place of Business 10520 NW 26TH STREET SUITE C-201 MIAMI FL 33172 | Mailing Address 10520 NW 26TH STREET SUITE C-201 MIAMI FL 33172 |
|--|--|

902376



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 12190 Old Cutler Rd Suite, Apt. #, etc. | 3. Mailing Address 12190 Old Cutler Rd Suite, Apt. #, etc. |
|--|--|

| | | | |
|--------------------------|--------------------------|-----------------------------|-------------------------------|
| City & State MIAMI FL | City & State MIAMI FL | 4. FEI Number 65-1110955 | Applied For Not Applicable |
| Zip 33156 | Country USA | Zip 33156 | Country USA |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent CABANAS, JOSE E 10520 NW 26TH STREET SUITE C-201 MIAMI FL 33172 | 7. Name and Address of New Registered Agent Name XAVIER I. HAWLEY Street Address (P.O. Box Number is Not Acceptable) 12190 OLD CUTLER ROAD City MIAMI FL Zip Code 33156 |
|---|--|

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 XAVIER Hawley DATE 1/7/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---------------------------------|-------------------------|---|
| TITLE PRESIDENT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME XAVIER I. HAWLEY | | NAME | |
| STREET ADDRESS 12190 OLD CUTLER ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL 33156 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: XAVIER Hawley DATE: 1/7/02 (305) 792-2483

CR2E083 (9/01)