

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63097

1. Entity Name

SUNSHINE FREIGHT FORWARDERS, INC.

Principal Place of Business

8538 N W 72ND ST
MIAMI FL 33166
US

Mailing Address

PO BOX 668336
MIAMI FL 33166
US

2. Principal Place of Business

Suite, Apt. #, etc.

7996 N.W SOUTH RIVER DR.

City & State
MEDLEY, FL.

Zip
33166

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 668336

City & State
MIAMI, FL.

Zip
33166

Country
USA

6. Name and Address of Current Registered Agent

PRADA, JOHNNY
8201 NW 70TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
PRADA, JOHNNY

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

7162 W. 17TH COURT

City
HIALEAH,

FL

Zip Code
33014

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 NAME STREET ADDRESS CITY-ST-ZIP	D PRADA, JOHNNY 8201 NW 70TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRADA, ANN M 8201 NW 70TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PRADA, JOHNNY 7162 W. 17TH COURT HIALEAH, FL. 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PRADA, ANN M 7162 W. 17TH COURT HIALEAH, FL. 33014	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

JOHNNY PRADA - PRESIDENT

04-27-01

(786)546-1945-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90267 041 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)