## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **L68829**

1. Entity Name

## SUNSHINE WINDOW CLEANING, INC.

Principal F	lace of Busi	iness	

Mailing Address

3437 NE 12TH TERRACE FT. LAUDERDALE FL 33334-4527 3437 NE 12TH TERRACE FT. LAUDERDALE FL 33334-4527

2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State		Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE				
		City & State	4.		65-0190132			plied For Applicable	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. N	7. Name and Address of New Registered Agent				
3437	UFETTI, LARRY 7 N.E. 12TH TERR LAUDERDALE, FL 33307		Name Street Addres	s (P.O. B	Box Number is Not Acceptable)				
			City			FL	Zip Code	•	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I		E Registered Agent signature requirements of Section 2000 Fee will be \$550.00 ble to Department of Section 2000 Fee Fee Section 2000 Fee Section 2000 Fee Fee Fee Section 2000 Fee Fee Fee Fee Fee Fee Fee Fee Fee	0	10. Election Campaign Fina Trust Fund Contribution.	DATE noing		<b>0</b> May Be to Fees		
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALUFETTI, LARRY 3437 NE 12TH TERR FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDUCCI, CHARLES 3437 N. E. 12TH TERRACE FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COENEN, LAURA 3437 N. E. 12TH TERRACE FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	S DIEL, ROGER 3437 N.E. 12TH TERR	☐ Delete	TITLE NAME STREET ADDRESS			<u> </u>	Change	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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/E

TITLE

NAME

FT. LAUDERDALE FL

CHAPTER AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Delete

4/10/00

954 772-0884

Change

☐ Change

Addition

☐ Addition

Daytime F

**FILED** 

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90846 001 \*\*\*300.00

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CR2E034 (9/99)