

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90018 039 ****61.25

DOCUMENT # NO1000003637

1. Entity Name

FRIENDS OF SUNSHINE KEY, INC.

Principal Place of Business

Mailing Address

9511 NW 10TH STREET
 PEMBROKE PINES FL 33024
 1535 HARBOR DRIVE
 MARATHON, FL 33050

9511 NW 10TH STREET
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

1535 HARBOR DR

PO BOX 501339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARATHON, FL

4. FEI Number

45-1106719

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139

Name: T. PIEDRA
 Street Address (P.O. Box Number is Not Acceptable): PO BOX 1535 HARBOR DRIVE
 City: MARATHON FL Zip Code: 33050

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PIEDRA, DANIO	
STREET ADDRESS	9511 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIEDRA, TANIA	
STREET ADDRESS	9511 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDLANDER, PATTY	
STREET ADDRESS	9511 NW 10TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. PIEDRA 2/6/02 305 743 8833

CR2E037 (9/01)