FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 30, 2002 8:00 am DOCUMENT # N0100006728 Secrétary of State 05-27-2002 90367 045 ****61.25 SUNSHINE MARINE & MOVERS OF S. FLORIDA, INC. Principal Place of Business Mailing Address 5050 SW 188 AVE 5050 SW 188 AVE FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332 2. Principal Place of Business 3. Mailing Address 1860 S. Southwood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1137771 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BLOCH, CYNTHEA** 7860 S SOUTHWOOD CIR DAVIE FL 33328 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 T(T) F ☐ Delete TITLE $\mathcal{N}\mathcal{D}$ **Z** Addition Change cynthea Bloch cir. **BLOCH, BOAZ** NAME NAME STREET AODRESS 5050 SW 188 AVE STREET ADDRESS **CR2E037** CITY-ST-ZIP FT LAUDERDALE FL 33332 CITY-ST-ZIP DAVIE FL 33328 TITLE TITLE Delete ☐ Change Addition omri Bloch KORISH, SAGIV NAME 2550 SWIN TEN APTEROR NAME STREET ADDRESS 4828 N STATE RD 7 APT 206 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP FL 33315 Ft. Underdale ☐ Delete のの TITLE ☐ Change **∠** Addition NAME Alon Eytan 1860 s. southward cir. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33378 DAVIK TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition

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.

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

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Att ment

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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 17, 2002

SUNSHINE MARINE & MOVERS OF S. FLORIDA, INC. 7860 S SOUTHWOOD CIR DAVIE, FL 33328

Subject: SUNSHINE MARINE & MOVERS OF S. FLORIDA, INC.

Reference Number:

N01000006728

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg ANNUAL REPORTS SECTION