

Adment

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03 JUN 23 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000006728 1. Entity Name SUNSHINE MARINE & MOVERS OF S. FLORIDA, INC.			
Principal Place of Business 5050 SW 188 AVE FT LAUDERDALE, FL 33332		Mailing Address 7860 S. SOUTHWOOD CIR. DAVIE, FL 33328	
2. Principal Place of Business 7860 S. Southwood Cir.		3. Mailing Address Suite, Apt. #, etc.	
City & State DAVIE FL		City & State DAVIE FL	
Zip 33328		Country U.S.A.	
4. FEI Number 65-1137771		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BLOCH, CYNTHIA 7860 S SOUTHWOOD CIR DAVIE, FL 33328	
7. Name and Address of New Registered Agent Name: Omri Bloch Street Address (P.O. Box Number is Not Acceptable): 7860 S. Southwood Cir. City: DAVIE FL Zip Code: 33328		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: DATE: 6.19.03	
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: BLOCH, BOAZ STREET ADDRESS: 5050 SW 188 AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33332	☒ Delete	TITLE: President NAME: Omri Bloch STREET ADDRESS: 7860 S. Southwood Cir. CITY-ST-ZIP: DAVIE FL 33328	☒ Change ☐ Addition
TITLE: VD NAME: BLOCH, CYNTHIA STREET ADDRESS: 7860 S. SOUTHWOOD CIR. CITY-ST-ZIP: DAVIE, FL 33328	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: TD NAME: BLOCH, OMRI STREET ADDRESS: 260 SW 18 TERR., APT 2202 CITY-ST-ZIP: FORT LAUDERDALE, FL 33316	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
TITLE: DD NAME: EYTAN, ALON STREET ADDRESS: 7860 S. SOUTHWOOD CIR. CITY-ST-ZIP: DAVIE, FL 33328	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ 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.			
SIGNATURE: DATE: 6.19.03		SIGNATURE: Omri Bloch DATE: 6.19.03	

CR2037 (10/02)

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