

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90036 037 ****61.25

DOCUMENT # N40169

1. Entity Name

HIALEAH MIDDLE SCHOOL SUNSHINE FUND, INC.

Principal Place of Business

Mailing Address

6027 E. 7 AVENUE
HIALEAH FL 33013

6027 E. 7 AVENUE
HIALEAH FL 33013-1127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0218546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

SAIREVA N. JAKOB

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

397 HARBOR CT.

City

WESTON

FL

Zip Code

33326

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

4/11/00

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

TITLE DP ☒ Delete
NAME WOODS, KAREN
STREET ADDRESS 19244 NW 67 PLACE
CITY-ST-ZIP HIALEAH FL

TITLE DV ☐ Delete
NAME LINTZ, JEFF
STREET ADDRESS 1867 SW 59 CT
CITY-ST-ZIP COOPER CITY FL 33330

TITLE DT ☐ Delete
NAME JAKOB, SAIREVA
STREET ADDRESS 12888 SW 62 LN
CITY-ST-ZIP MIAMI FL 33183

TITLE DS ☐ Delete
NAME TONEY, KATHLEEN
STREET ADDRESS 6027 E 7 AVE
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME VALDES, VIRGINIA
STREET ADDRESS 1664 West 72 St.
CITY-ST-ZIP Hialeah, FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (305) 681-3527
Date Daytime Phone #

CR2E037 (9/99)