

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003893

1. Entity Name

PEDIATRIC SUNSHINE ACADEMICS, INC.

Principal Place of Business

5045 S.W. 82 STREET  
MIAMI FL 33143

Mailing Address

5045 S.W. 82 STREET  
MIAMI FL 33143-8503

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LIFSHITZ, FIMA DR  
5045 SW 82 STREET  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LIFSHITZ, FIMA	
STREET ADDRESS	5045 SW 82 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LIFSHITZ, JERE ZIFFER	
STREET ADDRESS	5045 SW 82 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIBEIRO, HUGO JR	
STREET ADDRESS	5045 SW 82 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARFIELD, MARTIN	
STREET ADDRESS	11 PARK PLACE STE. 814	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, LAURA	
STREET ADDRESS	3 PAUL HOLLY DR	
CITY-ST-ZIP	LOUDONVILLE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Terry	
STREET ADDRESS	1775g Lake Estate Drive	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Lavernia	
STREET ADDRESS	1020 Alfonso	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAN 28, 2000

Date

Daytime Phone #

305-661-5339

FILED  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90074 026 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)