

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000009079

1. Entity Name
SUNSHINE BUSINESS IMPORT & EXPORT, INC.



Principal Place of Business
7451 NW 16TH STREET, UNIT 501
PLANTATION, FL 33313

Mailing Address
7451 NW 16TH STREET, UNIT 501
PLANTATION, FL 33313

2. Principal Place of Business
9953 NW 2nd Court
Suite, Apt. #, etc.

3. Mailing Address
9953 NW 2nd Court
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL 33324
Zip
33324
Country
US

City & State
Plantation FL
Zip
33324
Country
US

4. FEI Number
65-0981062
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOEL, JOSEPH K PA
3284 NORTH STATE ROAD
LAUDERDALE LAKES, FL 33319**

7. Name and Address of New Registered Agent

Name
JOSEPH NOFIL, PA
Street Address (P.O. Box Number is Not Acceptable)
3284 N. ST RD 7
City
LAUDERDALE LKS FL Zip Code
33319

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 resigning)

DATE

04/04/03

**FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GARZON, ARMANDO 7451 NW 16TH STREET, UNIT 501 PLANTATION, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GARZON, CAMILO 7451 NW 16TH STREET, UNIT 501 PLANTATION, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GARZON, DIEGO 7451 NW 16TH STREET, UNIT 501 PLANTATION, FL 33313 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 607, 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

04/04/03 9544568905

Date

Daytime Phone #

CR2E034 (10/02)