

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91167 040 ***150.00

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

DOCUMENT # P00000017848
1. Entity Name
SUNSHINE DREAM OF BOCA RATON INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2. Mailing Address
75 NE 5TH AVE UNIT T 75 NE 5TH AVE UNIT T

City & State DELRAY BEACH FL DELRAY BEACH FL
Zip 33483 Country Country

4. FEI Number 65-0987212 Applied For Not Applicable

9. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name BELKIN MATTHEW
Street Address (P.O. Box Number is Not Applicable) 75 NE 5TH AVE UNIT T
City DELRAY BEACH FL Zip Code 33483

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when submitting)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BELKIN MATTHEW 75 NE 5 AVE UNIT T DELRAY BEACH FL 33483
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/29/02 561-995-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004B (12/01)