2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020261

1. Entity Name
SUNSHINE VACATION, INC.

FILED
04-10-2001 90090 005 ***150.00
01 APR 26 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1980 N HOAGLAND BLVD. KISSIMMEE FL 34741	1980 N HOAGLAND BLVD. KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3501 W VINE ST.	3501 W. VINE ST.
Suite, Apt. #, etc.: 297.	Suite, Apt. #, etc.: 297.
City & State: Kissimmee, FL.	City & State: Kissimmee, FL
Zip: 34741 Country: OSCEOLA	Zip: 34741 Country: OSCEOLA

4. FEI Number: 59-3629278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONGORIA, XIOMARA 1980 N HOAGLAND BLVD. KISSIMMEE FL 34741	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: Xiomara Longoria 04-10-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!!, FEE IS $150.00 - After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONGORIA, XIOMARA 1980 N HOAGLAND BLVD. KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LONGORIA, XIOMARA. 1968 WILLOW WOOD DR. Kissimmee, FL 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARDENAS, AURA 2342 WINDSONG DR. KISSIMMEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UZCATEGUI, TRINA 1980 N HOAGLAND BLVD. KISSIMMEE FL 34741	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UZCATEGUI TRINA. 2435 HURON CR. Kissimmee, FL 34746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Xiomara Longoria 04-10-01 (407) 846-6123
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)