

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020261

1. Entity Name
SUNSHINE VACATION, INC.

05-13-2002 90137 037 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -1 PM 4:01

Principal Place of Business
3501 W. VINE STREET
#297
KISSIMMEE FL 34741

Mailing Address
3501 W. VINE STREET
#297
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

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 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

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, 2002 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 | D | NAME | LONGORIA, Xiomara | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 1988 WILLOW WOOD DRIVE | |
| CITY-ST-ZIP | | | KISSIMMEE FL 34741 | |
| TITLE | D | NAME | UZCATEGUI, TRINA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | | | 2435 HURON CR. | |
| CITY-ST-ZIP | | | KISSIMMEE FL 34748 | |
| TITLE | D | NAME | MICHEL SEGUIN | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | 18310 MEDITERRANEAN BLVD. | |
| CITY-ST-ZIP | | | #2402, Highland, FL 33055371 | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

| | | | | |
|----------------|---|------|---------------------|------------------------------------------------------------------------------|
| TITLE | D | NAME | Xiomara Longoria | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 2415 ABBY CIR. | |
| CITY-ST-ZIP | | | KISSIMMEE, FL 34741 | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

CR2E034 (9/01)

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.

SIGNATURE:

SIGNATURE REQUIRED

04/23/02

7/3/02