

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90921 041 ***150.00

DOCUMENT # P00000041970

1. Entity Name
SUNSHINE METALS, INC.

Principal Place of Business

**564 NW 163 AVE
 PEMBROKE PINES FL 33028**

Mailing Address

**564 NW 163 AVE
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

5565 NW 72 Ave

3. Mailing Address

P.O. Box 822031

Suite, Apt. #, etc.

Miami, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, Florida

Zip

33166

Country

USA

Zip

33082-2031

Country

USA

4. FEI Number

65100 6745

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

**CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST., STE. 1
 TALLAHASSEE FL 32302**

Name **JOSE HERAZO**

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

5565 NW 72 Avenue

City

Miami

FL

Zip Code

33166

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 President (NOTE: Registered agent signature required when reinstating)

DATE **4/16/2001**

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | FERNANDEZ, MARILYN | |
| STREET ADDRESS | 564 NW 163 AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOSE HERAZO | |
| STREET ADDRESS | 5565 NW 72 Avenue | |
| CITY-ST-ZIP | Miami, FLORIDA 33166 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE HERAZO, President 4/16/2001

Daytime Phone #

305-8833384

CR2E034 (10/00)