

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90238 045 ***550.00

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DOCUMENT # P00000051125

1. Entity Name

SUNSHINE REBUILDERS, INC.

Principal Place of Business

**14451 SW 138TH COURT
 MIAMI FL 33186**

Mailing Address

**14451 SW 138TH COURT
 MIAMI FL 33186**

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

65-1024175

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

CYNTHIA A. HEINZ

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

878 HIGH POINTE CIRCLE

City

CLERMONT

FL

Zip Code

34711

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]

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☒ Delete
 NAME **DOOKIE, MOHINDRA**
 STREET ADDRESS **12440 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PD** ☐ Change ☒ Addition
 NAME **JOYCE DOOKIE**
 STREET ADDRESS **14451 SW 138 CT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☐ Delete
 NAME **DOOKIE, SOPHIA**
 STREET ADDRESS **12440 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **STD** ☒ Change ☐ Addition
 NAME **DOOKIE SOPHIA**
 STREET ADDRESS **14451 SW 138 CT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V.** ☐ Delete
 NAME **MAHARAJ, R. KEN**
 STREET ADDRESS **12440 SOUTHWEST 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (5/01)