

2001

UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90280 018 ***150.00

A0070533

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000071051			
1. Entity Name SUNSHINE FLORIDA MARKETING, CORP.			
Principal Place of Business 800 N. Miami Av. #910 Miami, FL 33136		Mailing Address 800 N. Miami Av. # 910 Miami, FL 33136	
2. Principal Place of Business 3730 SW 29 ST Suite, Apt. #, etc.		3. Mailing Address 3730 SW 29 ST Suite, Apt. #, etc.	
City & State Coral Gables, FL Zip 33134		City & State Coral Gables, FL Zip 33134	
Country US		Country US	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCO A. PINEDA 800 N. Miami Av. # 910 Miami, FL 33136		7. Name and Address of New Registered Agent Name MARCO A. PINEDA Street Address (P.O. Box Number is Not Acceptable) 3730 SW 29 ST City CORAL GABLES FL Zip Code 33134	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$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 Marco A. Pineda 800 N. Miami Av # 910 Miami, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marco A. Pineda 3730 SW 29 ST Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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 address, with all other like empowered.

SIGNATURE: _____
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO A. PINEDA

5/1/01 (305) 725-0326
Date Daytime Phone #