

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90070 035 \*\*\*150.00

**DOCUMENT # P00000075421**

1. Entity Name

**THE SUNSHINE KEY COMPANY, INC.**

Principal Place of Business

16860 S.W. 139TH PLACE  
 MIAMI FL 33177

Mailing Address

16860 S.W. 139TH PLACE  
 MIAMI FL 33177

2. Principal Place of Business

**18700 SW. 90 AVE.**

3. Mailing Address

**18700 SW. 90 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI - FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**651032204**

Applied For

Not Applicable

Zip

**33157**

Country

**USA**

Zip

**33157**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIXTO, MARGARITA**  
**16860 S.W. 139TH PLACE**  
**MIAMI FL 33177**

7. Name and Address of New Registered Agent

Name

**SERGIO HEVIA**

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

**18700 SW. 90 AVE.**

City **MIAMI**

FL

Zip Code

**33157**

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

*Sergio Hevia*  
 Signature, typed or printed name of registered agent and title if applicable

**SERGIO HEVIA**

(NOTE: Registered Agent signature required when reinstating)

**4-30-01**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIXTO, MARGARITA</b>	
STREET ADDRESS	<b>16860 S.W. 139TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERGIO HEVIA</b>	
STREET ADDRESS	<b>18700 SW. 90 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33157</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Sergio Hevia*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01 305.278.2345**

Date

Daytime Phone #

CR2E034 (10/00)