

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90186 009 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

SUNSHINE ACCOUNTING ENTERPRISES, INC

Principal Place of Business

5410 NW 72 AVE  
MIAMI, FL 33178

Mailing Address

5410 NW 72 AVE  
MIAMI, FL 33178

2. Principal Place of Business

3741 NE 163 ST.

Suite, Apt. #, etc.

3. Mailing Address

3741 NE 163 ST.

Suite, Apt. #, etc.

City &amp; State

NORTH MIAMI BEACH, FL

City &amp; State

NORTH MIAMI BEACH, FL

4. FEI Number

65-1039405

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARIA DOMINGUEZ  
5410 NW 72 AVE  
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name

NAZARIO RUIZ-SANCHEZ JR.

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

9757 NW 126 TERRACE

City

HIALEAH GARDENS

FL

Zip Code

33018

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.

NAZARIO RUIZ-SANCHEZ PRESIDENT 04-25-01

(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, 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIA DOMINGUEZ 5410 NW 72 AVE MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAZARIO RUIZ-SANCHEZ JR. 9757 NW 126 TERRACE HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

NAZARIO RUIZ-SANCHEZ

04-25-01

305-919-9543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)