

2001 UNIFORM BUSINESS REPORT (UBR)

0205865

DOCUMENT # P00000103239

1. Entity Name
SUNSHINE USED AUTO SALES, INC.

FILED
01 MAR -7 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8541 NW 96TH STREET
MEDLEY FL 33166

Mailing Address
8541 NW 96TH STREET
MEDLEY FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650981114

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~AGEVEDO, ROLANDO~~
~~8541 NW 96TH STREET~~
~~MEDLEY FL 33166~~

Name Luis A. Cruz

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

8541 NW 96TH ST

City medley

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 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 \$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 PD
NAME AGEVEDO, ROLANDO
STREET ADDRESS 8541 NW 96TH STREET
CITY-ST-ZIP MEDLEY FL 33166 ☒ Delete

TITLE P/D
NAME GUSTAVO E. COLINA
STREET ADDRESS 552 EUCLID AVE # 1215
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☒ Addition

TITLE VD
NAME CRUZ, LUIS A
STREET ADDRESS 8541 NW 96TH STREET
CITY-ST-ZIP MEDLEY FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003851254--3
-03/13/01--01109--003
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 (10/00)