

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90810 037 \*\*\*550.00

**DOCUMENT #** P01000007968

1. Entity Name

SUNSHINE PAINT & BODY SHOP

**DO NOT WRITE IN THIS SPACE**

B0126614

<b>2. Principal Place of Business</b> 2630 NW 119 STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2630 NW 119 STREET Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33167	Country USA	Zip 33167	Country USA
<b>4. FEI Number</b> 65-1068586		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ENRIQUE ZAMORA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2630 NW 119 ST.**  
City  
**MIAMI** **FL** Zip Code  
**33167**

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>ENRIQUE ZAMORA</b> <del>2451 BRICKELL AVE., #5K</del> <del>MIAMI, FL 33129</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>New Address.</b> <b>2630 NW 119 St</b> <b>MIAMI FL 33018</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE**

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)