

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

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90306 024 \*\*\*150.00

DOCUMENT # *P01000009405*

1. Entity Name *Sunshine Collection Services, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business *210 West 49 St.* 3. Mailing Address *210 West 49 St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Hialeah FL*

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4. FEI Number *65-1076868*

Applied For  
Not Applicable

Zip *33012*

Country *USA*

Zip *33012*

Country *USA*

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *DOUGLAS D. STRATTON, ESQ.*

Street Address (P.O. Box Number is Not Acceptable) *407 LINCOLN Rd. #2A*

City *MIAMI BEACH* FL Zip Code *33139*

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

*Alex Roshko* *Douglas D Stratton* *1/31/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

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 \$350.00  
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 *Alex Roshko, PRES, DIR.*  
NAME  
STREET ADDRESS *210 West 49 Street*  
CITY - ST - ZIP *Hialeah, FL 33012*

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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:

*Alex Roshko*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/02 (305) 524-9944*

Date

Daytime Phone #

CR2E034B (12/01)