2002 UNIFORM BUSINESS REPORT (UBR)

P01000018633 **DOCUMENT #** 1. Entity Name SUNSHINE FARMS, INC.

FILED Apr 21, 2002 8:00 am Secretary of State

04-21-2002 90899 009 ***150.00

Principal Place of Business									
Suite, Apt. #, etc. City & State Sircet Address of New Registered Agent Name Sircet Address (P.O. Box Number is Not Acceptable) Sircet Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code This corporation is eligible to satisfy its Intangible Tax ting requirement and elects to do so Make Check Payable to Department of State After May 1, 2002 Fee will be \$550.00 After	1533 NE 164 ST		1533 NE 164 ST		7				
Suite, Apt. #, etc. City & State Sircet Address of New Registered Agent Name Sircet Address (P.O. Box Number is Not Acceptable) Sircet Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code This corporation is eligible to satisfy its Intangible Tax ting requirement and elects to do so Make Check Payable to Department of State After May 1, 2002 Fee will be \$550.00 After									
City & State City & State Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City & FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is No	2. Principal Pla	ce of Business	3. Mailing Address			(108 100			
SHAHAR, ZEEU SHAHAR, ZEEU SSIGNATURE Sopration, hore of control of sale by its Intangible Tax Riging requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State 11. OFFICERS AND DIFFETORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFETORS 13. SHAHAR, ZEEV SHAHAR, ZEEV SIREH ANDRESS TOWN SHAHAR, ZEEV SIREH ANDRESS TOWN-ST-ZP 10. Election Campaign Financing SHAHAR, ZEEV SHAHAR SHAULAMIT SIREH ANDRESS TOWN-ST-ZP 10. STORM MAMB BCH FL 33162 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
S. Certificate of Salary Sees to 4 General Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 8. The above named entity suprisits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, transfer in purphrene programe agent and lite it applicable. (InCIE litegatered Agent agenture death of the registered agent, or both, in the State of Florida. PATE 10 DATE 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SHAHAR, ZEEV STO NOM IMAM BCH FL 33162 TITLE Delete TITLE DELE	City & State		City & State		4. F	El Number/07958/			
SHAHAR, ZEEU 1533 NE 164 ST NO MIAMI BCH FL 33162 SIGNATURE Synthetic requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS OITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP NA	Zip	Country	Zip	Country	5. C	Certificate of Status Desired			
SHAHAR, ZEEU 1533 NE 164 ST NO MIAM BCH FL 33162 8. The above named entity out his this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE S			7. Name and Address of New Registered Agent						
1533 NE 164 ST NO MIAMI BCH FL 33162 SIGNATURE SIGNATURE SIGNATURE 9. This corporation is eligible to satisfy its Intrangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRE				Name					J
NO MIAMI BCH FL 33162 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, how or know reasons registered agent and late it applicable. Signature, how or know reasons registered agent and late it applicable. P. This corporation is eligible to satisfy its intangible. Tark timp requirement and elects to do so. (See criteria on back) DATE: Registered Agent agreetine required Agent agreeti				Street Address	s (P.O. B	ox Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, type of complainers registered agent and late it applicable. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 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 Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z	•]
SIGNATURE Signature, type of large legislate of seatisty its Intrangible Tax filling requirement and elects to do so. (See criteria on back) TILE PD SIGNATURE SIGNATURE Signature, type of large legislate of seatisty its Intrangible Tax filling requirement and elects to do so. (See criteria on back) TILE PD SIGNATURE SADOR SIGNATURE SADOR SIGNATURE SADOR SIGNATURE SIGNATURE SIGNATURE SIGNATURE SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SADOR SIGNATURE SA				City		F	Zip Code	9	
SIGNATURE Signature, typepfor fringerframe pregistered agent and late 4 applicables. (INCITE Registered Agent signature required when reinstating) 9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SHAHAR, ZEEV STREET ADDRESS CITY-ST-ZIP TITLE STD SHAHAR, SHAULAMIT STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	8. The above r	named entity submits this statement for	r the purpose of changing its re	gistered office or regis	tered age	ent, or both, in the State of Florida.			}
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Stee Will be \$550.00 Make Check Payable to Department of State State of Sta	SIGNATURE (D / 3 26	EV SHAHAR	PR		00 11-010	Ø02		
Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State	8	signature, typer or printer name of legistered agent a	and title if applicable. (NOTE: R	Registered Agent signature requi	ired when re	instating) DATE			İ
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP NO MIAMI BCH FL 33162 STD SHAHAR, SHAULAMIT STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11	OFFICERS AND				DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11	i
NAME STREET ADDRESS CITY-ST-ZIP NO MIAM! BCH FL 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME	PD Shahar, Zeev 1553 Ne 164 St		TITLE NAME . STREET ADDRESS					=034 (9/01)
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition TITLE Delete TITLE NAME CHANGE Addition NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	STD SHAHAR, SHAULAMIT 1553 NE 164 ST	☐ Delete	TITLE NAME STREET ADDRESS		<u>-</u> -	Change	Addition	CR2
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE	NO MIAMI BCH FL 33162	☐ Delete	TITLE		<u> </u>	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			-147						
	NAME STREET ADDRESS:	والهابية الدارات المايية والمعاشد مؤد المصابحة المساطعة المعاشدات	☐ Delete	NAME STREET ADDRESS	 .	الدارات والمسار الموادية الورائعة عام الأمام الأمام المام	☐ Change	Addition	
		· · · · · · · · · · · · · · · · · · ·	□ Dolato	-			Change	Addition	

CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 received 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

· 🔲 Delete

☐ Change

☐ Addition

ereres.