2002 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2002 8:00 am Secretary of State P01000038424 DOCUMENT # 1. Entity Name 03-03-2002 90064 012 ***150.00 SUNSHINE DEVELOPERS, INC. Principal Place of Business Mailing Address 11830 SW 24TH TERR. 11830 SW 24TH TERR. MIAM! FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numbe Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---FERNANDEZ, JOSE 11830 SW 24TH TERR. **MIAMI FL 33175** grity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 **C**hange CR2E034 /9/01 ☐ Addition TITI E TITLE Delete FERNANDEZ. JOSE NAME NAME STREET ADDRESS 2870 SW 132ND PLACE STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP miami ☐ Addition ☐ Delete ☐ Change TITLE TITLE SD FERNANDEZ, ANNA NAME NAME 11445 SW 74TH TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** ☐ Change Addition TITLE TD-☐ Delete TITLE FERNANDEZ, JESUS NAME NAME STREET ADDRESS 11830 SW 24TH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLA DELLA

changed, or on an attachmer

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

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