

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90026 031 ***158.75

DOCUMENT # P01000042491

1. Entity Name
SUNSHINE AUTO BODY SHOP INC.

Principal Place of Business

**3400 NW 46 ST
 MIAMI FL 33142**

Mailing Address

**3400 NW 46 ST
 MIAMI FL 33142**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1101349

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCINERNY, NORA
 8861 NW 150 ST
 MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **CAFFI, HECTOR**
 STREET ADDRESS **1990 W 58 ST #1118**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VD** ☐ Delete
 NAME **MCINERNY, NORA**
 STREET ADDRESS **8861 NW 150 CT**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MCINERNY, NORA**
 STREET ADDRESS **8861 NW 150 ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **JARVIS D OSORIO**
 STREET ADDRESS **8861 NW 150 ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE **EXECUTIVE VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **JARVIS D OSORIO**
 STREET ADDRESS **8861 NW 150 ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **DARCY D OSORIO**
 STREET ADDRESS **8861 NW 150 ST**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

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

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:

NORA MCINERNY

305-637-5035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-02

Daytime Phone #

CR2E034 (9/01)