

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

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

05-21-2002 91190 024 ***150.00

DOCUMENT # **PO1000070511** ✓

1. Entity Name

Sunshine Maintenance Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10275 Collins Avenue

Suite, Apt. #, etc.

326

City & State

Bal Harbour, FL

Zip

33154

Country

US

3. Mailing Address

10275 Collins Avenue

Suite, Apt. #, etc.

326

City & State

Bal Harbour, FL

Zip

33154

Country

US

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4. FEI Number

65 1125848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gilbert Estime

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

17454 SW 79 Ct

City

Miami

FL

Zip Code

33157

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 **Ana W. Figueroa, Vice President**

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

(NOTE: Registered Agent signature required when reinstating)

3/30/02

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 **President**
NAME **Pablo F. Zuliani**
STREET ADDRESS **10275 Collins Ave. Apt 326**
CITY - ST - ZIP **Bal Harbour, FL 33154**

TITLE **Vice President**
NAME **Ana W. Figueroa**
STREET ADDRESS **10275 Collins Ave. Apt 326**
CITY - ST - ZIP **Bal Harbour, FL 33154**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Ana W. Figueroa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 864-4941

CR2E034B (12/01)