

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90148 004 ***150.00

DOCUMENT # P01000075924

1. Entity Name
SUNSHINE CREDIT REPAIR, INC.



Principal Place of Business
13899 BISCAYNE BLVD. #103
NORTH MIAMI FL 33161

Mailing Address
13899 BISCAYNE BLVD. #103
NORTH MIAMI FL 33161

10004337



2. Principal Place of Business
4445 W 16 AVE

3. Mailing Address
4445 W 16 AVE

Suite, Apt. #, etc.
311

Suite, Apt. #, etc.
311

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number **65-1127882**

Applied For
Not Applicable

Zip
33012

Country
DADE

Zip
33012

Country
DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETCHEVARNE, GABRIELA
1595 NE 135 STREET #302
NORTH MIAMI FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GABRIELA ETCHVARNE President**

01-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PS	ETCHEVARNE, GABRIELA	1595 NE 135 STREET #302	
			NORTH MIAMI FL 33161	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PS	ETCHEVARNE, GABRIELA	4445 W 16 AVE- Suite 311	
			HIALEAH, FL 33012	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GABRIELA ETCHVARNE President** **01-10-03 (305)512-8598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)