FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMEN

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90351 011 ***158.75

DOCUMENT # P01000078792

1. Entity Name

Sunshine Arabians, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4780 Hancock Road	4780 Hancock Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33330 Country: US	Zip: 33330 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1135954 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Yvonne Alday

Street Address (P.O. Box Number is Not Acceptable): 1716 Fountainhead Drive

City: Lake Mary FL Zip Code: 32746

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: Yvonne Alday Yvonne Alday 5/14/02
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director/Treasurer Yvonne Alday 1716 Fountainhead Drive Lake Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/~~XXXXXXXX~~/Director Mason Alday 1716 Foundtainhead Drive Lake Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Myron Alday 1716 Fountainhead Drive Lake Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonne Alday Yvonne Alday, President 5/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #