FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90340 017 ***150.00

DOCUMENT # P01000093221

1. Entity Name
Sunshine Construction Group

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1819 SW 123 Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33175 Country: USA	Zip Country

4. FEI Number: 75-3040524 ☐ 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: Torres, Michelle G.

Street Address (P.O. Box Number is Not Acceptable): 10750 NW 66ST #110

City: Miami FL Zip Code: 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required where indicated.)

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	Gonzalez Elio A. 1819 SW 123 Court Miami, Fl 33175	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gonzalez, Dayzi 1819 SW 123 Court Miami, Fl 33175	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Torres, Michelle G 10750 NW 66 St Miami, Fl 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Torres, Victor A. 10750 NW 66 ST Miami, Fl 33178	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE 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)(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 asterisk, with all other like empowered.

SIGNATURE: Michelle G Torres SD. 05/01/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #