

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90093 047 ***150.00

DOCUMENT # P01000093221

1. Entity Name
SUNSHINE CONSTRUCTION GROUP, INC.



Principal Place of Business
**1819 SW 123 COURT
MIAMI FL 33175**

Mailing Address
**1819 SW 123 COURT
MIAMI FL 33175**

2. Principal Place of Business

11402 NW 41 Street

3. Mailing Address

11402 NW 41 St

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

miami

City & State

miami

Zip
33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

75-3040524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, MICHELLE G
10750 NW 66 ST #110
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

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

11402 NW 41 St.

Suite 202

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

SIGNATURE *Michelle G Torres*
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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GONZALEZ, ELIO A**
STREET ADDRESS **1819 SW 123 COURT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, DAYSI**
STREET ADDRESS **1819 SW 123 COURT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **SD** ☐ Delete
NAME **TORRES, MICHELLE G**
STREET ADDRESS **10750 NW 66 ST**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VD** ☐ Delete
NAME **TORRES, VICTOR A**
STREET ADDRESS **10750 NW 66 ST**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Torres, Michelle G.**
STREET ADDRESS **7044 NW 113 PL**
CITY-ST-ZIP **miami fl 33178**

TITLE **VD** ☒ Change ☐ Addition
NAME **Torres, Victor A.**
STREET ADDRESS **7044 NW 113 PL**
CITY-ST-ZIP **miami fl 33178**

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

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

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: *Michelle G Torres* **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)