

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90401 005 ***150.00

DOCUMENT # PD1000096831

1. Entity Name

SunShine Construction Clean-up, Inc.

DO NOT WRITE IN THIS SPACE

B0125196

2. Principal Place of Business

6291 S.W. 18th Place

Suite, Apt. #, etc.

3. Mailing Address

6291 S.W. 18th Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch. FL

Zip

33068

Country

U.S.A.

City & State

Pompano Bch. FL

Zip

33068

Country

U.S.A.

4. FLI Number

65-1143455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Joseph K. Ngfil. P.A.

Street Address (P.O. Box Number is Not Acceptable)
3284 N. State Road 7

City Lauderdale Lakes

FL

Zip Code 33319

DO NOT WRITE
IN THIS SPACE

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

Signature (Printed name of registered agent and the filer is able)

DATE (Registered Agent Signature required when re-registering)

4/3/22
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	P/T.
NAME	Alba Espana
STREET ADDRESS	6291 S.W. 18th Place
CITY-STATE-ZIP	Pompano Bch, FL. 33068
TITLE	V-P/S
NAME	Alvaro Briones
STREET ADDRESS	6291 S.W. 18th Place
CITY-STATE-ZIP	Pompano Bch, FL. 33068
TITLE	
NAME	
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CITY-STATE-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)(b), 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

4/3/22