FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105640

Entity Name

SUNSHINE DONUTS CORPORATION

FILED

05 JUL 18 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

06-10-05 90048 004 $150.00
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Principal Place of Business	3. Mailing Address
701 SW 27TH AVE	701 SW 27TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite G-3	Suite G-3
City & State	City & State
MIAMI, FLORIDA	MIAMI , FLORIDA
Zip / Country	Zip / Country
33135 / MIAMI	33135 / MIAMI

4. FEI Number 65-1148983 ☐ 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: Reyes, Carlos

Street Address (P.O. Box Number is Not Acceptable): 701 SW 27th Ave, Suite G-3

City: Miami, FL Zip Code: 33135

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 signature required when reinstating)

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	PD
NAME	REYES,CARLOS B
STREET ADDRESS	1252 NW 5TH ST # 12
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	ST
NAME	REYES,EDNA A
STREET ADDRESS	1252 NW 5TH ST # 12
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

7/1/20

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: Carlos B Reyes 04-30-05
Date

Carlos Reyes