

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

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90162 025 ***550.00

DOCUMENT # **PO1000120707**

1. Entity Name

Sunshine & AS - SOUTH BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

419 B Española Way

3. Mailing Address

419 B Española Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FREDERIC BUSCH

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

1218 Dixiel Ave #204

City

MIAMI BEACH

FL

Zip Code

33139

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, 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	President
NAME	AS Hill
STREET ADDRESS	419 B Española Way
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	Paul Toliuszi
STREET ADDRESS	1030 9th St # 301
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	T
NAME	Fred Busch
STREET ADDRESS	1218 Dixiel Ave #204
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	S
NAME	Sunshine Phelps
STREET ADDRESS	419 Española Way
CITY - ST - ZIP	MIAMI BEACH, FL 33139
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	
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERIC BUSCH

Date

09/15/02 305 606-2169

Daytime Phone #

CR2E034B (12/01)