

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

FILED

02 OCT 15 AM 11:23

DOCUMENT # P01000121128

1. Entity Name

SUNSHINE COMPLETE HOME IMPROVEMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3901 S OCEAN DRIVE

3. Mailing Address
3901 S OCEAN DRIVE

Suite, Apt. #, etc.
NO 6N

Suite, Apt. #, etc.
NO 6N

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FL

4. FEI Number
30-0023269

Applied For
Not Applicable

Zip
33019

Country

Zip
33019

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTONIO CONTRERAS

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

3901 S OCEAN DRIVE NO 6N

City HOLLYWOOD

FL

Zip Code
33019

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 NAME STREET ADDRESS CITY-ST-ZIP	P/S CONTRERAS, ANTONIO 3901 S OCEAN DRIVE, NO 6N HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GONZALEZ-RIVAS, IMPERIO 3901 S OCEAN DRIVE, NO 6N HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008354256 -10/14/02-01027-004 ***158.75 ***158.75
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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

ANTONIO CONTRERAS, PRESI

10/5/02

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001B (12/01)

10/15/02

SUNSHINE COMPLETE HOME IMPROVEMENTS, INC.
3901 S OCEAN DRIVE
NO. 6N
HOLLYWOOD, FL 33019

October 8, 2002

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Section

Dear Sir or Madam:

I was just informed by my accountant that our corporation, Sunshine Complete Home Improvements, Inc. was administratively dissolved due to non filing of the annual report.

We did not receive the report nor did we receive the follow-up reinstatement information. This entity was incorporated late in the year 2001 and perhaps your agency did not include our corporation in the mailing list for the 2002 annual report.

Please also consider the fact that we were not aware of the filing requirement. However, if we had received the report, we would had presented it to our accountant.

We are hereby requesting abatement of the penalties for not filing the UBR. Enclosed please find completed report.

Also enclosed is Name Change Request.

Should there be any questions, please call Antonio Contreras at 954 456-6768.

Thank you,



Antonio Contreras