2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000039007

1. Entity Name

SUNSHINE STATE COMPUTING, CORP



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90147 016 ***150.00

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Principal Place of Business 11295 N KENDALL DRIVE #M210 MIAMI FL 33176-1148		Mailing Address 11295 N KENDALL DRIVE #M210 MIAMI FL 33176-1148			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State		4. FEI Number Applied O1-O6 80831 Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		ļ
l	VICES, INC.		Street Address	s (P.O. Box Number is Not Acceptable)	
526 EAST	PARK AVENUE				
TALLAHAS	SSEE FL 32301)		
	,		City	Zip Code	
				ered agent, or both, in the State of Florida. I am familiar with, and a	
the obligat	ions of registered agent. Signature, typed or printed hame of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DATE	<u> </u>
F	ILE NOW!!! FEE IS \$150.00			O Flantice Comparing Singuism	_
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.	ıy Be es
Make Check	Payable to Florida Department of	of State			
10, 1	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1
NAME STREET ADDRESS	D Millo, Lazaro 11295 N Kendall Drive #M210 Miami Fl 33176-1148	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ a	Addition
TITLE	D	☐ Defete	TITLE	Change .	Addition
NAME	JIMENEZ, JANINA		NAME		
STREET ADDRESS	649 NW 135 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ /	Addition
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		
TITLE		☐ Delete	TITLÉ	☐ Change ☐ A	Addition
NAME OTREET ASSESSED			NAME		
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP		
					A 1 170
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ /	Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	☐ Change ☐ A	Addition
NAME		□ Delete	NAME		
STREET ADDRESS			STREET ADDRESS		{
CITY-ST-ZIP			CITY-ST-ZIP		_
indicated of the cor	on this report or supplemental report i	s true and accurate and that	my signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the informa e same legal effect as if made under oath; that I am an officer or dire 07, Florida Statutes; and that my name appears in Block 10 or Block	ector I

SIGNATURE: