DE : TUCAN CUN BEACH NO. DE TEL :

2/21/02

FILED
May 21, 2002 8:00 am
Secretary of State

02-21-2002 90021 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16546

1. Entity Name
THE SUNSHINE CLUB OF CALIFORNIA INC.

28292

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10221 SW 69 ST SUITE 109 MIAMI FL 33176	~~P.O. BOX 161099~~ ~~MIAMI FL 33116~~ ~~US~~ NEW

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 143745
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CORAL GABLES, FL
Zip / Country	Zip: 33114-3745 Country: MIAMI-DADE

4. FEI Number 59-2844685 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
L HOUSER ENTERPRISES 8348 SW 40 ST SUITE 1107 MIAMI FL 33155	Name: ALEX ORTIZ Street Address (P.O. Box Number Is Not Acceptable): 354 SEVILLA AVE City: CORAL GABLES FL Zip Code: 33134

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]
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MENDOZA, JOSE 10621 N. KENDALL DRIVE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIJANO, CARLOS 10621 N KENDALL DRIVE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (8/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 2/4/02 305-448-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #