

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047521

1. Entity Name  
SUNSHINE WRESTLING FEDERATION, INC.

Principal Place of Business

10723 S.W. 104 STREET  
MIAMI FL 33176  
US

Mailing Address

10723 S.W. 104 STREET  
MIAMI FL 33176  
US

2. Principal Place of Business

8862 SW. 129 TERR  
Suite, Apt. #, etc.

3. Mailing Address

8862 SW. 129 TERR  
Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number 65-0432931

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

SIEGEL, BERNARD F  
10723 S.W. 104 STREET  
MIAMI FL 33176

Name BERNARD SIEGEL

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

8862 SW. 129 TERR

City MIAMI

FL

Zip Code 33176

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 B. F. SIEGEL BERNARD F. SIEGEL

3-3-01

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, 2001 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 PD ☐ Delete  
NAME SIEGEL, BERNARD F  
STREET ADDRESS 10723 S.W. 104 STREET 8862 SW. 129 TERR  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: B. F. SIEGEL BERNARD F. SIEGEL

3-3-01

305-254-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)