

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90396 001 ***317.50

DOCUMENT # P94000013091

1. Entity Name
INTERNATIONAL SUNSHINE COMPANY, INC.



Principal Place of Business
2307 DOUGLAS RD
500
MIAMI FL 33145
US

Mailing Address
2307 DOUGLAS RD
500
MIAMI FL 33145
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0472076**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAYO, WILSON
2307 DOUGLAS RD
500
MIAMI FL 33145

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ALAYO, WILSON	
STREET ADDRESS	2307 DOUGLAS RD., #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALAYO, JUAN	
STREET ADDRESS	2307 DOUGLAS RD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALAYO, JOSE	
STREET ADDRESS	2307 DOUGLAS RD., SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ALAYO, GEMA	
STREET ADDRESS	2307 DOUGLAS RD., #500	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Wilson J. Alayo 1/10/03 305-445-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)