

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029841

1. Entity Name

SUNSHINE TITLE SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90097 018 ***158.75

Principal Place of Business

3401 NW 82ND AVE.
SUITE 110
MIAMI FL 33122

Mailing Address

3401 NW 82ND AVE.
SUITE 110
MIAMI FL 33156-7815

2. Principal Place of Business

9100 S Dadeland Blvd

Suite, Apt. #, etc.

#415

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Address

9100 S Dadeland Blvd

Suite, Apt. #, etc.

#415

City & State

Miami, FL

Zip

33156

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0489240

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REICHENTHAL, PHILIP J
3401 NW 82ND AVE.
SUITE 110
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

Philip J Reichenthal

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

9100 S Dadeland Blvd #415

City

Miami

FL

Zip Code

33156

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

5/1/00

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, 2000 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

TITLE: P
NAME: REICHENTHAL, PHILIP J ATTY.
STREET ADDRESS: 3401 NW 82ND AVE., SUITE 110
CITY-ST-ZIP: MIAMI FL 33122

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
NAME: Philip J Reichenthal
STREET ADDRESS: 9100 S Dadeland Blvd #415
CITY-ST-ZIP: Miami, FL 33156

☒ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

Daytime Phone #

CR2E034 (9/91)