

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
03-21-2001 90013 007 \*\*\*158.75

DOCUMENT # **P94000068557**  
1. Entity Name  
**SUNNY INSURANCE AGENCY, INC.**

Principal Place of Business Mailing Address  
8002

2. Principal Place of Business 3. Mailing Address  
**2156 NW 36 ST** **2156 NW 36 ST.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**MIAMI FL** **MIAMI FL**  
Zip Country Zip Country  
**33142 USA** **33142 USA**

4. FEI Number Applied For  
**65-0525945** Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Name  
**EMMA L. ZAPATA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2156 NW 36 ST.**  
City **MIAMI** FL Zip Code **33142**

7. Name and Address of New Registered Agent  
Name  
**EMMA L. ZAPATA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2156 NW 36 ST.**  
City **MIAMI** FL Zip Code **33142**

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]** DATE **FEB 22, 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
**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	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>ENCINAS, EMMA L</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>ZAPATA, EMILIO E</b>		STREET ADDRESS	<b>P, S, T, D ZAPATA, EMILIO E.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>2156 NW 36 ST.</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **[Signature]** DATE **FEB 22, 2001** (305) 6380647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EMILIO E ZAPATA**

CR2E034 (11/00)