2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Pa 500041260 1. Entity Name Sunshine Checks INU.				FILED May 10, 2000 8:00 am			
				Secretary of State 05-10-2000 90140 025 ***150.00			
Principal Place of Business	Mailing Address						
9572 NW 451	9572 NU	J4157					
miamife 33/18	9572Nu miami	FL334	8				
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State		4. F	Number 5-0582792	_	Applied For Not Applicable	
Zip Country	Zip	Country		ertificate of Status Desired	\$8.75 A	dditional	
6. Name and Address of Current	Registered Agent		7. Na	ame and Address of New Reg	istered Agent		
0	Name	Name					
Campo yesit J 9572. N. W415	Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
miami sc3	City	City Zip Code					
The above named entity submits this statement for		City FL Zip Code					
SIGNATURE Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	and comments of the process of the contract of	经公司运收帐的 化吸收 海髓 医精心疾病症的现在分词)0 50.00	stating) 10. Election Campaign Financ Trust Fund Contribution.		.00 May Be	
OFFICERS AND	では、定義にはない場合の数ではなる。では、定義にはないがられる。	12.	和自由的特殊。	DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	PRS IN 11	
ST-ZIP 9512 NW 41St ~	Delete	TITLE NAME STREET ADDRESS			☐ Change		
						Addition	
BELTYLLA TRH ST-ZIP 9512 NW 4157	a Delete miami 81331	TITLE NAME STREET ADDRESS			☐ Change	e [Addition]	
ST-ZIP 1312	☐ Delete	CITY-ST-ZIP			☐ Changi	e	
ADDRESS S1-ZIP	•	NAME STREET ADDRESS CITY-ST-ZIP		محصده المنصدات	<u></u>		
Annotiss	☐ Delete	TITLE NAME STREET ADDRESS		1	☐ Changi	e 🔲 Addition	
ST-ZiP	Delete	CITY-ST-ZIP	<u> </u>		☐ Change	e Addition	
- AUDDESS		NAME STREET ADDRESS					
ST-ZIP	☐ Delete	CITY-ST-ZIP			☐ Change	Addition	
*IMMESS ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	·				
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empichanged, or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	y signature shall ha is required by Cha	ave the same le	dal effect as it made under oati	n: that i am an oilici	or Block 12 if	