

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059285

1. Entity Name

TAMIAMI TRAIL SUNSHINE INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90919 015 ***150.00

Principal Place of Business: 8690 SW 8 ST
 MIAMI FL 33144

Mailing Address: 8690 SW 8 ST
 MIAMI FL 33144-4052

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 65-0600560

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

HERNANDEZ, JOSE A.
 8740 SW 12TH ST. APT. 107
 MIAMI FL 33174

Name: JUAN E GARCIA
 Street Address (P.O. Box Number is Not Acceptable):
 14915 SW 80TH ST APT 117
 City: MIAMI FL Zip Code: 33193

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE: 04/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P
 NAME: HERNANDEZ, JOSE A.
 STREET ADDRESS: 8740 SW 12TH ST APT 107
 CITY-ST-ZIP: MIAMI FL 33174

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

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 CITY-ST-ZIP: ☐ Delete

TITLE: D
 NAME: GARCIA, JUAN E
 STREET ADDRESS: 14915 SW 80TH ST APT 117
 CITY-ST-ZIP: MIAMI FL 33193

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 STREET ADDRESS: ☐ Change ☐ Addition
 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/00

Daytime Phone #: (305) 261-6623

CR2E034 (9/99)