

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076729

1. Entity Name

SUN SHINE FINANCIAL INC OF SOUTH FLORIDA

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90060 034 ***150.00

Principal Place of Business

Mailing Address

8235 N.W. 8TH COURT
PLANTATION FL 33324
US

8235 N.W. 8TH COURT
PLANTATION FL 33324-1203
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 South 28th AVE 3rd 100

3. Mailing Address

208 South 28th AVE

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0612682

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

U.S.A

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

DIXON, MARSHA
8235 N.W. 8TH COURT
PLANTATION FL 33324

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.

SIGNATURE

Marsha Dixon

1/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DP
NAME VASSELL, UTELLA
STREET ADDRESS 8235 NW 8 CT.
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE DV
NAME DIXON, MARSHA
STREET ADDRESS 8235 NW 8 CT.
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Marsha Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2000

Daytime Phone #

(954) 927-7977

CR2E034 (9/99)