

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076729

1. Entity Name

SUNSHINE FINANCIAL INC OF SOUTH FLORIDA  
1639 S UNIVERSITY DR. STE. 100  
PLANTATION, FL 33324

Principal Place of Business

Mailing Address

1639 SUNIVERSITY DR Ste. 100  
PLANTATION, FL 33324

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0612682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Marsha Dixon  
10650 NW 17 Place  
Plantation, FL 33322

7. Name and Address of New Registered Agent

Name  
Marsha Dixon-Rojas  
Street Address (P.O. Box Number is Not Acceptable)  
10650 NW 17 Place  
City  
Plantation 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 Rojas

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

(NOTE: Registered Agent signature required when reinstating)

12/13/01

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Marsha Dixon-Rojas  
10650 NW 17 Place  
Plantation, FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Utella Vassell  
2239 NW 171 Ter  
Miami, FL 33045 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100004746591--  
-01/02/02--01024--027  
\*\*\*\*750.00 \*\*\*\*750.00

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

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

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

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

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)(l), 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 Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/01

Date

954-472-7176

Daytime Phone #

FILED  
01 DEC 14 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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