

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 14, 2001 8:00 am**
Secretary of State

02-14-2001 90008 043 ***150.00

DOCUMENT # P96000002242

1. Entity Name

GLOBAL OPERATION SUNSHINE, INC.

Principal Place of Business

**1136 BRYN MAWR AVENUE
LAKE WALES FL 33853**

Mailing Address

**1136 BRYN MAWR AVENUE
LAKE WALES FL 33853**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3348859**

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

**AQUINO, DANILO P M.D.
1136 BRYN MAWR AVENUE
LAKE WALES FL 33853**

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

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, 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 **C** ☐ Delete
NAME **ABRIGO, PEDRO**
STREET ADDRESS **13219 59TH COURT N**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE **D** ☐ Change ☒ Addition
NAME **MANUEL ESTEBAN**
STREET ADDRESS **51 ROCKLAND TER**
CITY-ST-ZIP **MT HOLY, N.J. 08060**TITLE **D** ☐ Delete
NAME **AQUINO, MONICA**
STREET ADDRESS **1320 N VEITCH ST APT 1038**
CITY-ST-ZIP **ARLINGTON VA 22201**TITLE **D** ☐ Change ☒ Addition
NAME **WILLI GUZMAN**
STREET ADDRESS **110 VALERO ST SAKEDD VILLAGE**
CITY-ST-ZIP **MAKATI CITY PHIL 1200**TITLE **ST** ☐ Delete
NAME **AQUINO, HEDY**
STREET ADDRESS **9655 OAKWOOD DRIVE**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE **D** ☐ Change ☒ Addition
NAME **AZUCENA JAGDAG MD**
STREET ADDRESS **9240 SW 102nd ST.**
CITY-ST-ZIP **MIAMI, FL 33176**TITLE **D** ☐ Delete
NAME **AQUINO, MELINDA A**
STREET ADDRESS **45 WALL ST STE 806**
CITY-ST-ZIP **GAINESVILLE FL 32612-2101**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **AQUINO, DANILO P M.D.**
STREET ADDRESS **1136 BRYN MAWR AVENUE**
CITY-ST-ZIP **LAKE WALES FL 33853**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SIPACO, CARLO**
STREET ADDRESS **16 LONG BRIDGE DR**
CITY-ST-ZIP **MOUNT LAUREL NJ 08054**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

DANILO P. AQUINO MD PRESIDENT**2/14/01****863 676-8581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)