

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009894

1. Entity Name

SUNSHINE J & M GROUP, CORP.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90275 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~17985 SW 224 ST.~~  
~~MIAMI FL 33170~~

~~17985 SW 224 ST.~~  
~~MIAMI FL 33170~~

2. Principal Place of Business

3. Mailing Address

8345 SW 168 Ter.

8345 SW 168 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL

Miami FL

City & State

City & State

33157

33157

Zip

Zip

33157

33157

Country

Country

DADE MIAMI

MIAMI DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0641435

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

BELLO, JOSE G  
17985 SW 224 ST.  
MIAMI FL 33170

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 D  
NAME BELLO, JOSE G  
STREET ADDRESS ~~17985 SW 224 ST.~~  
CITY-ST-ZIP ~~MIAMI FL 33170~~

☐ Delete

TITLE  
NAME JOSE G. Bello  
STREET ADDRESS 8345 SW 168 Ter  
CITY-ST-ZIP Miami FL 33157

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)