

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90468 042 ***150.00

DOCUMENT # **P96000009894**
1. Entity Name
SUNSHINE J&M GROUP, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16101 SW 254 STREET
Suite, Apt. #, etc.

3. Mailing Address
16101 SW 254 STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33031
Country

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4. FEI Number
65-0641435
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOSE G. BELLO
Street Address (P.O., Box Number is Not Acceptable)
16101 SW 254 STREET
City
MIAMI FL Zip Code
33031

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose G. Bello*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELLO, JOSE G. 16101 SW 254 STREET MIAMI FL 33031 |
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose G. Bello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03
Date

Daytime Phone #

CR2E034B (12/02)