

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90138 001 ***150.00
 01-24-2002 90138 002 *****8.75

DOCUMENT # P96000032592

1. Entity Name
SUNSHINE NATIONWIDE FINANCE, INC.

Principal Place of Business

3531 BONAIRE BLVD.
#1413
KISSIMMEE FL 34741
US

Mailing Address

12871 ENCLAVE DE
ORLANDO FL 32837
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3517 Bonaire Blvd.

#1915

Kissimmee FL

34741

Ocala



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3372189

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

PATEL, VIRBALA
7130 SOUTH ORANGE BLOSSOM TR.
#220
ORLANDO FL 32809

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, 2002 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 **PTSD** ☐ Delete
NAME **PATEL, VIRBALA**
STREET ADDRESS **7130 SOUTH O.B.T. #220**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **VP** ☒ Delete
NAME **PATEL, HASMUKH D.**
STREET ADDRESS **7130 SOUTH O.B.T. #220**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **SD** ☒ Delete
NAME **PATEL, SUSHILA H.**
STREET ADDRESS **7130 SOUTH O.B.T. #220**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **VPD** ☒ Delete
NAME **PATEL, SONAL**
STREET ADDRESS **7130 SOUTH O.B.T.**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **P** ☐ Delete
NAME **PATEL, JAMINI H**
STREET ADDRESS **713 S OBT #220**
CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE **VP RAJ CHAROTARI** ☐ Delete
NAME **New Addition**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **(CHAROTARI)**
STREET ADDRESS **12 Rajkumar Charotari**
CITY-ST-ZIP **13029 Entreda Drive, Orlando FL 32837**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

VIRBALA PATEL
President

Date

Daytime Phone #

1/7/02 407888-9800

CR2E034 (9/01)