2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2000 8:00 am DOCUMENT # **P96000080252** 1. Entity Name **Secretary of State** SUNSHINE READY, INC. 06-02-2000 90005 014 ***150.00 Principal Place of Business Mailing Address 7370 N.W. 36 STREET 7370 N.W. 36 STREET SUITE 222 SUITE 222 MIAMI FL 33166-6733 **MIAMI FL 33166** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0709152 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, RAMON A Street Address (P.O. Box Number is Not Acceptable) 6993 NW 82 AVE. #24 SW 148th AVE MIAMI FL 33166 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **PVST** ☐ Delete TITLE PUST TITLE AGUILAR, SILVIA Z NAME NAME 1215 FAIRLAKE TRACE #1001 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Change ☐ Addition D TITLE ☐ Delete TITLE AGUILAR, SILVIA Z NAME NAME 1215 FAIRLAKE TRACE #1001 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP 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)(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 in Block 12 of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.