## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000018244** 01-12-2000 90073 050 \*\*\*150.00 SUNSHINE AUTO GLASS, INC. Principal Place of Business Mailing Address 7340 SW 8TH STREET 7340 SW 8TH STREET C0001251 MIAMI FL 33144-4540 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0764691 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) 7340 SW 8TH STREET **MIAMI FL 33144** Zip Code City 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) FILE NOWILL 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2F034 (9/99) ☐ Change ☐ Addition PTD Delete TITLE TITLE NAME NAME HERNANDEZ, RUBEN STREET ADDRESS STREET ADDRESS 15231 NW 88TH AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33016** ☐ Addition Delete TITLE TITLE JORGE, GENARO D NAME NAME STREET ADDRESS STREET ADDRESS 15231 NW 88TH AVE City-St-7IP CITY-ST-ZIP **MIAMI FL 33016** Change ■ Addition ☐ Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP stiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered.

SIGNATURE:

13. I hereby certify that the information supp indicated on this report or supplemental of the corporation or the receiver changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 1/05/2010 305-261-10H

**FILED**