

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042145

1. Entity Name
SUNSHINE OVERSEAS, INC.

Mar 19 FILED
SECRET

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7220 N.W. 56TH STREET
MIAMI FL 33166

Mailing Address
7220 N.W. 56TH STREET
MIAMI FL 33166-4217

2. Principal Place of Business
7345 NW 56 ST

3. Mailing Address
Same

Suite, Apt. #, etc.

03/15/2000 90121 016 \$158.75

City & State
MIAMI FLORIDA

City & State
SAME

4. FEI Number **65-0751722** Applied For
Not Applicable

Zip **33166** Country **DADE** Zip **SAME** Country **SAME**

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

6. Name and Address of Current Registered Agent

WHELAN & COX
15495 EAGLE NEST LANE
MIAMI LAKES FL

7. Name and Address of New Registered Agent

Name **ROBERT M ROSAL**
Street Address (P.O. Box Number is not Acceptable)
7345 NW 56 ST
City **MIAMI FLORIDA** FL Zip Code **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.

SIGNATURE *[Signature]* **ROBERT M ROSAL PRESIDENT** **3/15/00 3:27:00**
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBAL ROBERT M ROBAL ROBERT M 7220 N.W. 56TH STREET MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBA E ROSAL 7220 N.W. 56TH STREET MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBAL ROBERT M 7345 NW 56 ST MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBA E ROSAL 7345 NW 56 ST MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ROBAL ROBERT M PRESIDENT** **3/15/00 3:05:55 11**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E094 (9/99)