

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90033 021 ***150.00

DOCUMENT # **P97000053703**

1. Entity Name

SUNSHINE MAINTENACE CO., INC.

851131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7830 SW 117 ST

Suite, Apt. #, etc:

3. Mailing Address

SAME

Suite, Apt. #, etc:

City & State

MIAMI

City & State

FL

4. FEI Number

650805213

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT SPIVAK (PRES)

Street Address (P.O. Box Number is Not Acceptable)

7830 SW 117 ST.

MIAMI FL 3

City

FL

Zip Code

33156

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 reappointing)

4/29/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$380.00

Amended UBR is \$61.25

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
**PRESIDENT
ROBERT SPIVAK
7830 SW 117 ST. MIAMI FL.
33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT SPIVAK PRES.**

4/29/02 252-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)