2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064734

1. Entity Name
Sunshine Paving, Inc

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90083 021 ***158.75

Principal Place of Business

Mailing Address

B0052530

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
1541 SW 30th St

Suite Apt. #, etc. B

City & State Ft. Laud FL

Zip 33315 | Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936456 | ☐ Applied For | ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Anthony Peterillo
~~4451 NE 22nd Ave~~
Light house Point
33064

7. Name and Address of New Registered Agent
Name Dominik Montes
Street Address (P.O. Box Number is Not Acceptable)
1541 SW 30th St. Ste B
City Ft. Lauderdale FL Zip Code 33315

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] Dominik Montes 3/10/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President + Director NAME Anthony Peterillo STREET ADDRESS 4451 NE 22nd Ave CITY-ST-ZIP Light house Point, Fla 33064	☒ Delete	TITLE President + Director NAME Dominik Montes STREET ADDRESS 1541 SW 30th St. Ste. B CITY-ST-ZIP Ft. Laud FL 33315	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Dominik Montes 3/10/00 Cell 812-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #