

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90014 036 \*\*\*150.00

DOCUMENT # P97000094625

1. Entity Name

SUNSHINE LANDSCAPING COMPANY

Principal Place of Business

Mailing Address

1464 LAKE BREEZE DRIVE  
 WELLINGTON FL 33414  
 US

1464 LAKE BREEZE DRIVE  
 WELLINGTON FL 33414-7956  
 US

2. Principal Place of Business

3. Mailing Address

8597 TOURMALINE BLVD

Suite, Apt. #, etc.

BOYNTON BEACH

Suite, Apt. #, etc.

City & State

City & State

FLORIDA

Zip

Country

33437

U.S.A.

Zip

Country

4. FEI Number

65-0797888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, MARCOS  
 8597 TOURMALINE BLVD.  
 BOYNTON BEACH FL 33437

Name

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

City

FL

Zip Code

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)

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  
 PRESIDENT, TREASURER  
 MARCOS VAZQUEZ  
 8597 TOURMALINE BLVD.  
 BOYNTON BEACH FL 33437

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT  
 MARCOS VAZQUEZ

04/11/00 (SGI) 736-7383

Date

Daytime Phone #