

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90274 035 ***158.75

DOCUMENT # P98000030087

1. Entity Name
SUNSHINE EXPRESS C & C, INC.



Principal Place of Business
245 NW 109TH AVE. #214
MIAMI FL 33172

Mailing Address
P O BOX 521241
MIAMI FL 33152



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0824016**

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

RUIZ, FRANCISCO J JR.
245 NW 109 AVE. #214
MIAMI FL 33172

Name **MIRIAM R. DOPICO**

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

4690 N.W. 113 PLACE

City

MIAMI

FL

Zip Code

33178

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE **O** ☒ Delete
NAME **RUIZ, FRANCISCO J JR.**
STREET ADDRESS **549 MEMDIANO AVE #7**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CO** ☒ Delete
NAME **RUIZ, LUANA P**
STREET ADDRESS **245 NW 109 AVE. #214**
CITY-ST-ZIP **MIAMI FL 33172**

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TITLE ☐ Change ☒ Addition
NAME **PRESIDENT/SECRETARY**
STREET ADDRESS **MIRIAM R. DOPICO**
CITY-ST-ZIP **4690 N.W. 113 PLACE**
MIAMI - FL 33178

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)