

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

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

03-13-2003 90262 001 ***150.00
03-13-2003 90262 002 *****8.75

DOCUMENT # **P98000047261**

1. Entity Name

SUNSHINE CEARA Investment,
CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3598 YACHT Club DR

Suite, Apt. #, etc.

1401

City & State

AVENTURA - FL

Zip

33180

Country

DADE

3. Mailing Address

13407 W. Dixie Hwy

Suite, Apt. #, etc.

City & State

North Miami B. FL

Zip

33160

Country

DADE

4. FEI Number

592354705

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS DT
SILVIO Rui ALMEIDA
3598 YACHT CLUB DR: 1401
AVENTURA-FL 33180**

TITLE
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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 on an attachment with an address, with all other persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/03 305 933 93.13
Date Daytime Phone #

CR2E034B (12/02)