

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065371

1. Entity Name

SUNSHINE INTERNATIONAL AIRLINES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90029 025 ***150.00

Principal Place of Business

Mailing Address

SUITE 811
3180 S. OCEAN DRIVE
HALLANDALE FL 33009

SUITE 811
3180 S. OCEAN DRIVE
HALLANDALE FL 33009-7250

2. Principal Place of Business

11350 NW 25 Street

3. Mailing Address

11350 NW 25 Street

Suite, Apt. #, etc.
Suite 122

Suite, Apt. #, etc.
Suite 122

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 65-0465977

Applied For

Not Applicable

Zip
33172

Country
USA -

Zip
33172

Country
USA

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

SPITZ, PETER K
3180 S. OCEAN DR.
SUITE 811
HALLANDALE FL 33009

Name
Francis X. Santana, Esq.,

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

Suite 400

City
Miami

FL

Zip Code
33130

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 re-listing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPD
SPITZ, PETER K
SUITE 811, 3180 S. OCEAN DRIVE
HALLANDALE FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Makarov, Valerie
11350 NW 25 Street, Suite 122
Miami, Florida 33172 ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

(305) 392-3990

Daytime Phone #

CR2E034 (9/99)