

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 3: 39

DOCUMENT # P98000075955 *Amendment*

1. Entity Name

SUNSHINE FINANCIAL HOLDINGS, INC.

Principal Place of Business	Mailing Address
8180 NW 36th Street #105 Miami, FL 33166	8180 NW 36th Street #105 Miami, FL 33166

2. Principal Place of Business	3. Mailing Address
8100 SW 81st Drive	8100 SW 81st Drive

Suite, Apt. #, etc.	Suite, Apt. #, etc.
210	210

City & State	City & State
Miami, FL	Miami, FL

Zip	Country	Zip	Country
33143	US	33143	US

4. FEI Number	Applied For
65-0942403	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

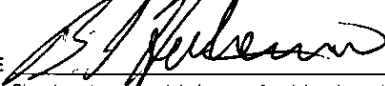
6. Name and Address of Current Registered Agent

HICHTMAN, BARRY J
8100 SW 81ST DRIVE
#210
Miami, FL 33143

7. Name and Address of New Registered Agent

Name	HECHTMAN, BARRY I
Street Address (P.O. Box Number is Not Acceptable)	8100 SW 81st Drive
#	210
City	Miami
State	FL
Zip Code	33143

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 	BARRY I HECHTMAN	05/18/01
Signature, typed or printed name of registered agent and title if applicable.		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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BELL, ROBERT	
STREET ADDRESS	8180 NW 36th Street	
CITY - ST - ZIP	Miami, FL 33166	

TITLE	V	<input type="checkbox"/> Delete
NAME	PIERCE, ROBERT	
STREET ADDRESS	8180 NW 36TH STREET	
CITY - ST - ZIP	MIAMI, FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004435589	
STREET ADDRESS	-06/21/01--01084--008	
CITY - ST - ZIP	*****62.25 *****62.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

05/18/01 305-270-0014

Date Daytime Phone #