

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90146 044 ***150.00

DOCUMENT # P98000093412
 1. Entity Name
SUNSHINE 2000 CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business
9497 SOUTH DIXIE HIGHWAY
SUITE 103
MIAMI FL 33156

Mailing Address
9497 SOUTH DIXIE HIGHWAY
SUITE 103
MIAMI FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874807**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SILBERGLOIT, DAVID
19380 COLLINS DR #923
SUNNY ISLES BEACH FL 33160

Name

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

11456 SW 18 CT

City

MIAMI

FL

Zip Code
33025

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's 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, 2002 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

DP
BURKE, JAMES M
9497 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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 like empowered.

SIGNATURE: *James M Burke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

Date

Daytime Phone #

CR2E034 (9/01)