

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90117 036 ***150.00

007288 AV

DOCUMENT # P99000006921

1. Entity Name
SUNSHINE PARTNERS, INC.

Principal Place of Business 7040 WEST PALMETTO PARK ROAD SUITE 4-591 BOCA RATON FL 33433	Mailing Address 7040 WEST PALMETTO PARK ROAD SUITE 4-591 BOCA RATON FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2143502	Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> RINGEL, RICHARD L 7040 W PALMETTO PARK ROAD 4-591 BOCA RATON FL 33433 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		RINGEL, RICHARD L 7040 W PALMETTO PARK ROAD 4-591 BOCA RATON FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
RINGEL, RICHARD L 7040 W PALMETTO PARK ROAD 4-591 BOCA RATON FL 33433		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINGEL, RICHARD L 7040 W PALMETTO PK RD BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

7/3/01 **561-392-9209**
 Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P99000006901
B0000015

SUNSHINE PARTNERS, INC.
7040 W. PALMETTO PARK ROAD
SUITE 4-591
BOCA RATON, FL 33433

JULY 3, 2001

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Dear Sir or Madaam:

On June 30, 2001, I received my UBR filing for the first time. I saw that a fee of \$550.00 was imposed due to a late filing. I can assure you that I have never recieved my 2001 UBR filing prior to this date. If I had, it would have been paid immediately. I always pay all of my bills as soon as I open the envelope for fear of something like this happening. The address that you have on file for me is a Mail Box Etc. address and I have had many mix-ups in my mail with another corporation there, Sunshine Hair Inc. Enclosed is some IRS mail that I received for Sunshine Hair Inc. so you can just see how its very possible that Sunshine Hair Inc. got my mail and did not hand it to me. I hope you will accept my payment of \$150.00 as if I had recieved the first filing notice. I should not be penalized for something I had no control of. To prevent this from happening again, if I do not recieve my filing notice by March of that year, I will call you and have new forms sent to me so my payment will be on time and we will not have this problem again. Thank you for your understanding.

Sincerely,



Richard L. Ringel
561-392-9209

Attachment Doc # PA9600001921
BOU60015



Department of the Treasury
Internal Revenue Service

ATLANTA, GA 39901

In reply refer to: 0732833726
June 22, 2001 LTR 143C S
65-1055597 200103 01

06637

SUNSHINE HAIR INC
THE HAIR CREW
7040 W PALMETTO PARK RD
BOCA RATON FL 33433-3407992

Taxpayer Identification Number: 65-1055597
Tax Period(s): Mar. 31, 2001

Declaration Control Number: BATCH 6892, 15
Form: 941

Dear Taxpayer:

We received your Form(s) 941 for the tax period(s) shown above and found it was not signed.

Please sign the Statement by Corporations, Partnerships, Estates or Trusts at the end of this letter. Since the return is for a corporation, the president, vice president, or other principal officer must sign. The statement will become a permanent part of the return.

Please send us the statement or the other information we requested within 30 days from the date of this letter. We have enclosed an envelope for your convenience.

If we don't receive a response from you, we will have to continue processing your return using the information we already have. If there is a balance due, we will send you a bill. However, if there is an overpayment, we must have your signature before we can issue a refund.

If you have any questions, please call our Customer Service area at 1-800-829-8815 between the hours of 12:00AM and 11:59PM.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____