

2001 UNIFORM BUSINESS REPORT (UBI)

DOCUMENT # P99000019248

1. Entity Name

SUNSHINE DAIRY DISTRIBUTOR, INC.

FILED
Aug 09, 2001 8:00 am
Secretary of State

08-09-2001 90044 043 ***150.00

0080474 AV

Principal Place of Business

15572 SW 115 ST
 MIAMI FL 33196

Mailing Address

15572 SW 115 ST
 MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

* Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0905697

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

VAZQUEZ, CARLOS
 16420 SW 144 PLACE
 MIAMI FL 33177

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

Signature, typed or printed name of registered agent and fee is applicable.

(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. (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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME VAZQUEZ, CARLOS
 STREET ADDRESS 16420 SW 144 PLACE
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

TITLE VD
 NAME VAZQUEZ, MERCEDES
 STREET ADDRESS 16420 SW 144 PLACE
 CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

August 4, 2001.

Dr. # P99000019248
B00617107

Re: Sunshine Dairy Distributors
Carlos Vazquez

15572 SW 115th
Miami, FL 33196

To whom it may concern:

This is to inform you that we never
received the Uniform Business Report.

Attached you will find check for \$150. -
that when I call 1-850-488-9000 they
told me to send.

Thanks Ym
Carlos Vazquez