

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023036

1. Entity Name

SUNSHINE CONSULTING SERVICES, INC.

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

09-11-2000 90018 026 ***558.75

Principal Place of Business

12172 SW 5TH COURT
 PEMBROKE PINES FL 33025

Mailing Address

12172 SW 5TH COURT
 PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903405

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCHBERG, JEFFREY
 12172 SW 5TH COURT
 PEMBROKE PINES FL 33025

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 title if 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 13, 2000 Min. 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 HOCHBERG, JEFFREY
 12172 SW 5TH COURT
 PEMBROKE PINES FL 33025

☐ Delete

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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:

Jeffrey Hochberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-06-00

Date

954-441-3190

Daytime Phone #

CR2E034 (5/00)