

593 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91325 002 ***150.00

DOCUMENT # P99000047355

1. Entity Name

FLORIDA SUNSHINE TRANSMISSIONS, INC

Principal Place of Business

19701 NW 83 AVENUE
HIALEAH, FL 33015

Mailing Address

19701 NW 83 AVENUE
HIALEAH, FL 33015-5963

2. Principal Place of Business

7900 W 25TH AVE

Suite, Apt. #, etc.

3. Mailing Address

7900 W 25TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FLCity & State
HIALEAH, FL

4. FEI Number

65-0922707

Applied For

Not Applicable

Zip
33016

Country

Zip
33016

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ JOSE T
19701 NW 83 AVENUE
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

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 \$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 PD ☐ Delete
 NAME VELAZQUEZ, JOSE T
 STREET ADDRESS 19701 NW 83 AVENUE
 CITY-ST-ZIP HIALEAH, FL 33015

TITLE SD ☐ Delete
 NAME BETANCOURT, GONZALO
 STREET ADDRESS 19701 NW 83 AVENUE
 CITY-ST-ZIP HIALEAH, FL 33015

TITLE TD ☐ Delete
 NAME BETANCOURT, LEONARDO
 STREET ADDRESS 19701 NW 83 AVENUE
 CITY-ST-ZIP HIALEAH, FL 33015

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (11/00)