

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90027 011 \*\*\*150.00

**DOCUMENT # P99000051211**

1. Entity Name  
**SUN PLASTER AND RESTORATIONS, INC.**

Principal Place of Business  
**941 NE 169TH ST #126**  
**NO. MIAMI BEACH FL 33162**

Mailing Address  
**941 NE 169TH ST #126**  
**NO. MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4517 SW 13th St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4517 SW 13th St**  
 Suite, Apt. #, etc.

City & State  
**Deerfield Beach, FL**  
 Zip  
**33442** Country  
**USA**

City & State  
**Deerfield Bch, FL**  
 Zip  
**33442** Country  
**USA**

4. FEI Number **65-0929095**

☒ Applied For  
☐ Not Applicable

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**

**SOUZA, JULIO C**  
**941 NE 169TH ST #126**  
**NO. MIAMI BEACH FL 33162**

Name  
**SOUZA, JULIO C**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4517 SW 13th St**  
 City  
**Deerfield Bch** **FL** Zip Code  
**33442**

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. ☐ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PVTS** ☐ Delete  
 NAME  
**SOUZA, JULIO C**  
 STREET ADDRESS  
**941 NE 169TH ST #126**  
 CITY-ST-ZIP  
**NO. MIAMI BEACH FL 33162**

TITLE  
**PVTS** ☒ Change ☐ Addition  
 NAME  
**Souza, Julio C**  
 STREET ADDRESS  
**4517 SW 13th St**  
 CITY-ST-ZIP  
**Deerfield Bch, FL 33442**

TITLE  
**D** ☐ Delete  
 NAME  
**SOUZA, JULIO C**  
 STREET ADDRESS  
**941 NE 169TH ST #126**  
 CITY-ST-ZIP  
**NO. MIAMI BEACH FL 33162**

TITLE  
**D** ☐ Change ☐ Addition  
 NAME  
**Souza, Julio C**  
 STREET ADDRESS  
**4517 SW 13th St**  
 CITY-ST-ZIP  
**Deerfield Bch, FL 33442**

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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: **Julio C. Souza** **Julio C Souza** **4/13/01** **(954) 418-6465**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)