

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90003 037 ***150.00

DOCUMENT # **P99000055907**
 1. Entity Name
Sunshine Cargo, Corp.

Principal Place of Business Mailing Address
8180 Genera Court **8180 Genera Court**
Apt. 229 **Apt. 229**
Miami, FL 33166 **miami, FL 33166**

00047964

2. Principal Place of Business 3. Mailing Address
7967 N.W. 64 St. **7967 N.W. 64 St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami, FL **Miami, FL** **65-0926086** Not Applicable
 Zip Zip 5. Certificate of Status Desired ☐ **\$8.75 Additional -**
33166 **33166** **Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Alma J. Rojas Name
8180 Genera Court, Apt. 229 Street Address (P.O. Box Number is Not Acceptable)
Miami, FL 33166 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director, President	<input type="checkbox"/> Delete	TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alma J. Rojas		NAME		
STREET ADDRESS	8180 Genera Court, #229		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jose Fernando Granados	
STREET ADDRESS			STREET ADDRESS	7967 N.W. 64 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Alma J. Rojas** Date: **4/26/00** Daytime Phone #: **305-640-9733**
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)