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3-13-01

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered,

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P99000074252** SUNSHINE ENTERPRISES OF MIAMI, INC. 04-28-2001 90012 048 ***150.00 Principal Place of Business Mailing Address 1880 N.W. 20TH STREET 1880 N.W. 20TH STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 20th 5 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0942956 11an Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLOREZ, NUBIA Street Address (P.O. Box Number is Not Acceptable) 1880 N.W. 20TH STREET MIAMI FL 33142 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President TITLE Delete TITLE FLOREZ, NUBIA NAME NAME STREET ADDRESS STREET ADDRESS 1880 N.W. 20TH STREET CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-7IP VPD TITLE Delete TITLE LONDONO, JUAN J NAME NAME STREET ADDRESS **1880 N.W. 20TH STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33142** CITY-ST-ZIP TITLE ☐ Delete TITLE GOMEZ, JOSE G NAME NAME **1880 N.W. 20TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33142** TITLE X Delete ☐ Addition TITLE ☐ Change VELEZ. NOHELIA NAME NAME **1880 N.W. 20TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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