

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078083

1. Entity Name

SUNSHINE OIL & GAS PRODUCTS, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State

09-21-2000 90001 010 ***550.00

Principal Place of Business

1106 N.W. 129TH PLACE
MIAMI FL 33182

Mailing Address

1106 N.W. 129TH PLACE
MIAMI FL 33182

2. Principal Place of Business

1106 NW 129 PL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FLORIDA

4. FEI Number

65-0946482

Applied For

Not Applicable

Zip

Country

33182

DADE

Zip

Country

33182

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVEAR, RAFAEL
1106 N.W. 129TH PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

RAFAEL ALVEAR

Street Address (P.O. Box Number is Not Acceptable)

1106 NW 129 PL.

City

MIAMI

FL

Zip Code

33182

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.

RAFAEL ALVEAR

(NOTE: Registered Agent signature required when reinstating)

09-18-00

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

TITLE PD
NAME ALVEAR, ASTRID
STREET ADDRESS 8521 S.W. 86TH COURT
CITY-ST-ZIP MIAMI FL 33143

☐ Delete

TITLE TD
NAME ALVEAR, RAFAEL
STREET ADDRESS 1106 N.W. 129TH PLACE
CITY-ST-ZIP MIAMI FL 33182

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 OF RAFAEL ALVEAR

09-18-00

Date

(305) 554-6045

Daytime Phone #

CR2E034 (5/00)