

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90124-042-\$150.00-\$150.00

DOCUMENT # P99000090047

1. Entity Name

SUNSET CARE CLEANING-HANDYMAN SERVICE INC.

FILED

00 JUN -9 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A005768Z



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5170 CINNAMON FERN BLVD.
PORT ST. JOHN FL 32927

Mailing Address
5170 CINNAMON FERN BLVD.
PORT ST. JOHN FL 32927-3403

2. Principal Place of Business
SAME ABOVE

3. Mailing Address
SAME ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. JOHN

City & State
FL 32927

4. FEL Number
59-3634393

Applied For
Not Applicable

Zip
32927

Country
USA

Zip
32927

Country
USA

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

POSADA, WILHELMINA
5170 CINNAMON FERN BLVD.
PORT ST. JOHN FL 32927

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, 2000 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	CEO	<input type="checkbox"/> Delete
NAME	WILHELMINA POSADA	
STREET ADDRESS	5170 CINNAMON FERN BLVD	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	PEDRO A POSADA	
STREET ADDRESS	5170 CINNAMON FERN BLVD	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ALFONSO POSADA	
STREET ADDRESS	5170 CINNAMON FERN BLVD	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

april 17th 2000

Date

(407) 6315543

CR2E034 (9/99)