

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 91102 038 ***150.00

DOCUMENT # S17719

1. Entity Name
SUNSHINE T & C CO. LTD, INC.

Principal Place of Business Mailing Address
300 ADAIR AVE 300 ADAIR AVE
LONGWOOD FL 32750 LONGWOOD FL 32750
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

TSAI, HUI-MIN
300 ADAIR AVE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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 re-statuting) 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

TITLE	DV	<input type="checkbox"/> Delete
NAME	TSAI, HUI-PANG	
STREET ADDRESS	184 MIN SHENG ROAD	
CITY-ST-ZIP	CHI-CHI NANTOU, ROC	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHIEN, REYMOND RUEY-MING	
STREET ADDRESS	2F NO. 23 LANE 228 SEC 3 HO PING E ROAD	
CITY-ST-ZIP	TAIPEI TAIWAN RO	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TSAI, HUI-MIN	
STREET ADDRESS	300 ADAIR AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TSAI, HELEN TONG-SHEH YU	
STREET ADDRESS	300 ADAIR AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	TSAI, HELEN TONG-SHEH YU	
STREET ADDRESS	300 ADAIR AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Hui-min Tsa*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (407) 628-5266
 Date Daytime Phone #

CR2E034 (10/00)