

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 001 \*\*\*150.00

**DOCUMENT # S76726**

i. Entity Name

**SUNSHINE BOUQUET COMPANY**

Principal Place of Business 89TH PLACE FL 33172	Mailing Address P. O. BOX 520885 MIAMI FL 33152-0885 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 8298 N.W. 21st. St.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 65-0279476	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State Miami, FL	City & State		
Zip 33126	Country U.S.A.	Zip	Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BOULEVARD**  
**1600 MIAMI CENTER**  
**MIAMI FL 33131**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEES: \$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

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ST	ZIP	OFFICERS AND DIRECTORS	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
		<input type="checkbox"/> Delete	D	SIMKO, JOHN D.	8370 PONCE DE LEON RD	MIAMI FL 33143	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	D	SIMKO, KATHLEEN	8370 PONCE DE LEON RD	MIAMI FL 33143	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	V	ANHUT, CHRISTOPHER	1 LINCOLN AVENUE	LAMBERTVILLE, NJ 08530	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	V	SMITH, ERIC P.	3664 HERON RIDGE LANE	WESTON, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	V	REGISTER, STEVEN	23-11 RAVEN COURT DRIVE	PLAINSBORO, NJ 08536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*John D. Simko*

John D. Simko

305-599-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #