

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90059 046 \*\*\*150.00

**DOCUMENT # S76726**

1. Entity Name  
**SUNSHINE BOUQUET COMPANY**

Principal Place of Business

8299 NW 21ST STREET  
 MIAMI FL 33126  
 US

Mailing Address

P. O. BOX 520885  
 MIAMI FL 33172  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 892

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Dayton, New Jersey

4. FEI Number **65-0279476**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

08810-0892 U.S.A.

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

**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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
 NAME: SIMKO, JOHN D.  
 STREET ADDRESS: 8370 PONCE DE LEON RD  
 CITY-ST-ZIP: MIAMI FL 33143  
 Delete

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: DST  
 NAME: SIMKO, KATHLEEN  
 STREET ADDRESS: 8370 PONCE DE LEON RD  
 CITY-ST-ZIP: MIAMI FL 33143  
 Delete

TITLE: D  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: V  
 NAME: Anhut, Christopher  
 STREET ADDRESS: 1 Lincoln Avenue  
 CITY-ST-ZIP: Lambertville, NJ 08530  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: V  
 NAME: Smith, Eric P.  
 STREET ADDRESS: 3664 Heron Ridge Lane  
 CITY-ST-ZIP: Weston, FL 33331  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: V  
 NAME: Register, Steven  
 STREET ADDRESS: 23-11 Raven Court Drive  
 CITY-ST-ZIP: Plainsboro, NJ 08536  
 Change  Addition

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 Delete

TITLE: V/S/T  
 NAME: Andrew S. Johnston  
 STREET ADDRESS: 1 La Valencia Road  
 CITY-ST-ZIP: Old Bridge, NJ 08857  
 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:  **Andrew Johnston Secretary** 1-29-01 732-274-2900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)