

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**  
 04-16-2001 90031 013 \*\*\*150.00

**DOCUMENT # S95472**

1. Entity Name  
**SUNSHINE MAIDS' SERVICE CORP.**

Principal Place of Business

201 180TH DRIVE., #414  
 SUNNY ISLES FL 33160  
 US

Mailing Address

201 180TH DRIVE., #414  
 SUNNY ISLES FL 33160  
 US

**00036532**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201-180 Drive #414  
 Suite, Apt. #, etc.  
 # 414

3. Mailing Address

201-180 Drive  
 Suite, Apt. #, etc.  
 # 414

City & State

Sunny Isles FL.

City & State

Sunny Isles FL.

4. FEI Number **65-0288671**

Applied For  
 Not Applicable

Zip  
 33160

Country  
 U.S.A.

Zip  
 33160

Country  
 U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, NINOSKA M  
 201 180TH DRIVE., #414  
 SUNNY ISLES FL 33160

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 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

TITLE **P** ☐ Delete  
 NAME **RODRIGUEZ, NINOSKA M**  
 STREET ADDRESS **201 180TH DRIVE., #414**  
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **VP** ☐ Delete  
 NAME **RODRIGUEZ, ORLANDO**  
 STREET ADDRESS **201 180TH DRIVE., #414**  
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **S** ☐ Delete  
 NAME **RODRIGUEZ, ORLANDO KAREL**  
 STREET ADDRESS **2750 N.E. 183RD STREET., #2506**  
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Ninoska Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ninoska Rodriguez

Date

4/8/01

Daytime Phone #

(305) (935-3302)

CR2E034 (10/00)