

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90417 038 ***150.00

DOCUMENT # S95472

1. Entity Name
SUNSHINE MAIDS' SERVICE CORP.

Principal Place of Business

201-180 DRIVE
#414
SUNNY ISLES FL 33160
US

Mailing Address

201-180 DRIVE
#414
SUNNY ISLES FL 33160
US

2. Principal Place of Business

18707 N.E. 14 Ave.
Suite, Apt. #, etc.
639

3. Mailing Address

18707 N.E. 14 Ave
Suite, Apt. #, etc.
639

City & State

N. Miami Beach, FL

City & State

N. Miami Beach

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-0288671

Applied For

Not Applicable

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NINOSKA M	
STREET ADDRESS	201 180TH DRIVE., #414	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ORLANDO	
STREET ADDRESS	201 180TH DRIVE., #414	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ORLANDO KAREL	
STREET ADDRESS	2750 N.E. 183RD STREET., #2506	
CITY-ST-ZIP	AVENTURA FL 33160	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ninoska M. Rodriguez	
STREET ADDRESS	18707 N.E. 14 Ave. #639	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlando Rodriguez	
STREET ADDRESS	18707 N.E. 14 Ave #639	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Orlando Karel Rodriguez	
STREET ADDRESS	2781 Ocean Club Blvd. #204	
CITY-ST-ZIP	Hollywood, FL 33019	
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: Ninoska Rodriguez **Ninoska Rodriguez** **4/8/02** **(305) 945-8040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President

CR2E034 (9/01)