

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90958 006 ***150.00

DOCUMENT # S95472

1. Entity Name
SUNSHINE MAIDS' SERVICE CORP.



Principal Place of Business
18707 NE 14 AVE
639
N. MIAMI BEACH FL 33179
US

Mailing Address
18707 NE 14 AVE
639
N. MIAMI BEACH FL 33179
US

2. Principal Place of Business
330 S.E. 2 ST. (203 G)
Suite, Apt. #, etc.
203 G

3. Mailing Address
330 S.E. 2 ST.
Suite, Apt. #, etc.
203-G

City & State
Hallandale, Fl.

City & State
Hallandale - Fl.

Zip
33009

Country
USA

City & State
Broward

Zip
33009

Country
USA

City & State
Broward

6. Name and Address of Current Registered Agent

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

4. FEI Number
65-0288671

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
Ninoska M. Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
330 S.E. 2 ST.
suite 203-G
City
Hallandale

FL Zip Code
33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Ninoska Rodriguez** **Ninoska Rodriguez** **Presidente** **2-19-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	RODRIGUEZ, NINOSKA M	18707 N.E. 14 AVE #639	N. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
VP	RODRIGUEZ, ORLANDO	18707 N.E. 14 AVE #639	N. MIAMI BEACH FL 33179	<input checked="" type="checkbox"/>
S	RODRIGUEZ, ORLANDO KAREL	2781 OCEAN CLUB BLVD #204	HOLLYWOOD FL 33019	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Rodriguez, Ninoska M.	330 S.E. 2 ST., 203 G	Hallandale Fl. 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Rodriguez, Orlando	330 S.E. 2 ST., 203 G	Hallandale Fl 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Rodriguez, Orlando Karel	2781 Ocean Club Blvd #204	Hollywood Fl. 33019	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ninoska Rodriguez** **Ninoska Rodriguez** **Presidente** **2-19-03** **1-954-455-3152** **306-335-7017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #