

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90087 004 ***550.00

DOCUMENT # V06733

1. Entity Name

SUNSHINE SUGAR CORP.

Principal Place of Business

6111 MAGGIORE ST.
 CORAL GABLES FL 33146

Mailing Address

6111 MAGGIORE ST.
 CORAL GABLES FL 33146-2835

2. Principal Place of Business

7500 S. Red Road
 Suite, Apt. #, etc.

SUITE A
 City & State

S. MIAMI, FL.

Zip

33143

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0308736

Applied For

Not Applicable

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

RAMIREZ, MANUEL J.
 1200 BRICKELL AVE. SUITE 1440
 MIAMI FL 33131

Name

ANTONIO S. FALCON JR.

Street Address (P.O. Box Number is Not Acceptable)

7500 S. RED ROAD SUITE A

City

S. MIAMI

FL

Zip Code

33143

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, 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

11. OFFICERS AND DIRECTORS

TITLE D
 NAME FALCON, ANTONIO S.
 STREET ADDRESS 621 SAN ANTONIO AVE
 CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE D
 NAME FALCON, ANTONIO S. JR.
 STREET ADDRESS 621 SAN ANTONIO AVE
 CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT / SECRETARY
 NAME FALCON, ANTONIO S. JR.
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TREASURER
 NAME MARIA P. FALCON
 STREET ADDRESS 621 SAN ANTONIO AVE
 CITY-ST-ZIP CORAL GABLES, FL. 33146 ☐ Change ☒ Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

(305) 666-1212