2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am & Secretary of State **FILED DOCUMENT #** V55762 1. Entity Name SUNSHINE CAR WASH SYSTEMS, INC. Principal Place of Business Mailing Address 17403 SOUTH DIXIE HIGHWAY 17403 SOUTH DIXIE HIGHWAY MIAM! FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0369734 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - -HOOD, DAVID V. Street Address (P.O. Box Number is Not Acceptable) 17403 SOUTH DIXIE HIGHWAY **MIAMI FL 33157** Zip Code Fl §. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE HOOD, DAVID V. NAME NAME 17403 S. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MUNOZ, WALDO NAME NAME 17403 S. DIXIE HWY STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ___Change ___ _ _ Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

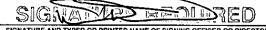
SIGNATURE:

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

Change

Addition