

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10000008752

Entity Name: HONEY SHINE, INC.

Current Principal Place of Business:

100 S BISCAYNE BLVD
SUITE 300
MIAMI, FL 33131

Current Mailing Address:

100 S BISCAYNE BLVD
SUITE 300
MIAMI, FL 33131 US

FEI Number: 27-3545698

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HONEY SHINE INC
100 S BISCAYNE BLVD
SUITE 300
MIAMI, FL 33131 US

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: MILDRED DELGADO

05/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name BROWN, TINA
Address 100 S BISCAYNE BLVD
SUITE 300
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name WILSON-MOURNING, TRACY
Address 100 S. BISCAYNE BLVD, SUITE 300
City-State-Zip: MIAMI FL 33131

Title D
Name MOURNING, ALONZO
Address 450 NW 14TH STREET
City-State-Zip: MIAMI FL 33136

Title VICE CHAIR
Name FEBRES, MICHELLE
Address 7705 NW 48TH STREET
SUITE 100
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name ASION, ANDRES
Address 41 SE 5TH STREET
SUITE CU-1
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name DOTSON, ALBERT
Address 1450 BRICKELL AVENUE
23RD FLOOR
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN
Name STEPHEN, MARINO A
Address 100 SE 2ND STREET
30TH FLOOR
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name FRUST, ALLEN
Address 3540 ROYAL PALM AVENUE
City-State-Zip: COCONUT GROVE FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TINA BROWN

CEO

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date