

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 677326

1. Entity Name

SUNMARK EQUITIES CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90086 043 ***150.00

Principal Place of Business

399 W. PALMETTO PARK RD.
 SUITE 104
 BOCA RATON FL 33432
 US

Mailing Address

399 W. PALMETTO PARK RD.
 SUITE 104
 BOCA RATON FL 33432-3760
 US

2. Principal Place of Business

33 SE 7th Street

Suite, Apt. #, etc.

SUITE D

City & State

BOCA RATON, FL

Zip

33432

Country

US

3. Mailing Address

33 SE 7th Street

Suite, Apt. #, etc.

SUITE D

City & State

BOCA RATON, FL

Zip

33432

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2023748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRINSKY, JAY
 399 W. PALMETTO PARK RD.
 SUITE 104
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name - KRINSKY, JAY

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

33 SE 7th Street

SUITE D

City

BOCA RATON

FL

Zip Code

33432

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.

JAY KRINSKY President

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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	DP	<input type="checkbox"/> Delete
NAME	KRINSKY, JAY	
STREET ADDRESS	399 W. PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRINSKY, TINA	
STREET ADDRESS	399 W. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY KRINSKY President 4/20/00 561 392-9355

Date

Daytime Phone #