

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2000 90086 043 ***150.00

DOCUMENT # 677326
 1. Entity Name
SUNMARK EQUITIES CORP.

| | |
|---|--|
| 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 |
|---|--|



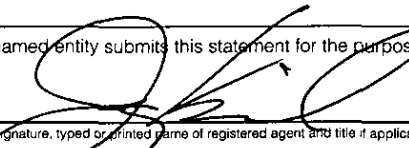
DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 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 |
|---|---|

| | |
|--|--|
| 4. FEI Number 59-2023748 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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  **JAY KRINSKY President** DATE **4/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  **JAY KRINSKY President** DATE **4/20/00** Daytime Phone # **561 392-9355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR