

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-27-2000 90089 027 ****61.25

DOCUMENT # 729230

1. Entity Name

SUNRISE LAKES CONDOMINIUM APTS., INC. 5

Principal Place of Business

Mailing Address

8133 SUNRISE LAKES BLVD
 SUNRISE FL 33322

8133 SUNRISE LAKES BLVD
 SUNRISE FL 33322-1533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1570904

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOZAK, HENRY F
8500 SUNRISE LAKES BLVD
APT 312
SUNRISE FL 33322

Name **Irving Greenfield**

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

8465 Sunrise Lks Blvd Apt. 307

City **Sunrise**

FL

Zip Code **33322**

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

Irving Greenfield
 2/24/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROTH, LEO	
STREET ADDRESS	8465 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	
TITLE	PDQQ	<input checked="" type="checkbox"/> Delete
NAME	KOZAK, HENRY	
STREET ADDRESS	8500 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROMANO, NICK	
STREET ADDRESS	8220 SUNRISE LKS BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARCUS, AL	
STREET ADDRESS	8435 SUNRISE LKS BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POINER, MILDRED	
STREET ADDRESS	8600 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROSENBAUM, BARRY	
STREET ADDRESS	8135 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE, FL 00000 33322	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PDQQ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenfield, Irving	
STREET ADDRESS	8465 Sunrise Lks Blvd. Apt. 307	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kozak, Henry F.	
STREET ADDRESS	8500 Sunrise Lks Blvd. Apt. 312	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaplan, Moe	
STREET ADDRESS	8135 Sunrise Lks Blvd. Apt. 112	
CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCormick, Mary	
STREET ADDRESS	8325 Sunrise Lks Blvd. Apt. 103	
CITY-ST-ZIP	Sunrise, FL 33322	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irving Greenfield* SIGNATURE RECOVERING GREENFIELD

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000 954-741-1330

Date

Daytime Phone #

CR2E037 (9/99)