

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

0074640

**DOCUMENT # 729230**

1. Entity Name

**SUNRISE LAKES CONDOMINIUM APTS., INC. 5**

02-08-2002 90012 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**8133 SUNRISE LAKES BLVD  
 SUNRISE FL 33322**

**8133 SUNRISE LAKES BLVD  
 SUNRISE FL 33322**

00060639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1570904**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOZAK, HENRY  
 8133 SUNRISE LAKES BLVD  
 SUNRISE FL 33322**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	ROMANO, NICHOLAS	8220 SUNRISE LAKES BLVD. #312	SUNRISE FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
PDQQ	KOZAK, HENRY F	8500 SUNRISE LAKES BLVD. #312	SUNRISE FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
VD	HUGH, GREENBERG	8100 SUNRISSSE LAKES BLVD. #111	SUNRISE FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
TD	GERBER, MAX	8595 SUNRISE LAKES BLVD. #310	SUNRISE FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
TD	KAPLAN, MOE	8135 SUNRISE LAKES BLVD, #112	SUNRISE FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
DS	MCCORMICK, MARY	8325 SUNRISE LAKES BLDV, #103	SUNRISE FL 33322	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	CAROLYN FRIEDMAN	8515 Sunrise Lakes Blvd. #101	Sunrise, FL 33322	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Henry F. Kozak*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02  
 Date

Daytime Phone #

CR2E037 (9/01)