

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003426 AF

**DOCUMENT # A98000002565**

1. Entity Name  
**HOME DYNAMICS SUNRISE, LTD.**

**FILED**

Principal Place of Business: **7103 CRESCENT CREEK LANE COCONUT CREEK FL 33073**

Mailing Address: **7103 CRESCENT CREEK LANE COCONUT CREEK FL 33073**

01 FEB -5 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business: **4810 W Commercial Blvd.**

3. Mailing Address: **4810 W. Commercial Blvd.**

DO NOT WRITE IN THIS SPACE

City & State: **Tamara FL**

City & State: **Tamara FL**

Zip: **33319** Country: **US**

Zip: **33319** Country: **US**

4. FEI Number: **65-0856960**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHACK, EDWARD J  
1954 PINES BLVD.  
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P98000095690</b>
NAME	<b>HOME DYNAMICS SUNRISE CORPORATION</b>
STREET ADDRESS	<b>7103 CRESCENT CREEK LANE</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33073</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>100003677201--9</b>
CITY-ST-ZIP	<b>-02/13/01--01084--015</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REDACTED SCHACK** Date: **1-31-01** Daytime Phone #: **954-424-4800**

CR2E003 (11/00)