

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-31-2001 90012 043 ****61.25

DOCUMENT # N19427

1. Entity Name

SUNRISE POPS, INC.

Principal Place of Business

Mailing Address

10610 OAKLAND PARK PARK
SUNRISE FL 33351

10610 OAKLAND PARK BLVD
SUNRISE FL 33351

02198

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2798245

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARL, MINNIE
2700 SUNRISE LAKES DRIVE WEST
303
SUNRISE FL 33321

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PD
PEARL, MINNIE
2700 SUNRISE LAKES DRIVE WEST - 303
SUNRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TAYLOR, SY (FIRST VP)
1621 NW 85TH TERR
PLANTATION FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MITTLEMAN, RUTH
2850 SUNRISES LAKES DR. WEST -209
SUNRISE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GREENSTEIN, ~~GOODIE~~ Goldie
2951 SUNRISE LAKES DR EAST 201
SUNRISE FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Greenstein, Goldie
2751 Sunrise Lakes Dr E, apt 201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)