

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-11-2002 90168 022 ****61.25

DOCUMENT # N19427

1. Entity Name

SUNRISE POPS, INC.

Principal Place of Business

10610 OAKLAND PARK PARK
SUNRISE FL 33351

Mailing Address

10610 OAKLAND PARK BLVD
SUNRISE FL 33351

20013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10610 Oakland Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

4. FEI Number

59-2798245

Applied For

Not Applicable

Zip

33351

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

Name

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

City

FL

Zip Code

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

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

Minnie Pearl

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

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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 PD
NAME PEARL, MINNIE
STREET ADDRESS 2700 SUNRISE LAKES DRIVE WEST - 303
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

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

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

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

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

TITLE S
NAME GREENSTEIN, GOLDIE
STREET ADDRESS 2951 SUNRISE LAKES DR EAST 201
CITY-ST-ZIP SUNRISE FL 33322 ☐ 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

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)(l), 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

Minnie Pearl 3/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)