

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90087 037 \*\*\*150.00

0005263

**DOCUMENT # P00000108679**

1. Entity Name

**SUNNYSIDE APARTMENTS, INC.**

Principal Place of Business

15001 N.E. 6TH AVENUE  
 NORTH MIAMI BEACH FL 33163

Mailing Address

15001 N.E. 6TH AVENUE  
 NORTH MIAMI BEACH FL 33163

2. Principal Place of Business

720 SW 97th Court Circle

3. Mailing Address

720 SW 97 Ct. Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33174

City & State

Miami FL 33174

4. FEI Number

65-1058557

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

**RAMON, ELVIS**  
 15001 N.E. 6TH AVENUE  
 NORTH MIAMI BEACH FL 33163

Name

Street Address (P.O. Box Number is Not Acceptable)  
 720 SW 97th Court Circle

City  
 Miami

FL

Zip Code  
 33174

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **RAMON, ELVIS**  
 STREET ADDRESS **15001 N.E. 6TH AVENUE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33163**

TITLE **P-- S**  Change  Addition  
 NAME  
 STREET ADDRESS **720 SW 97th Court Circle**  
 CITY-ST-ZIP **Miami, FL 33174**

TITLE **D**  Delete  
 NAME **RAMON, SANDRA M**  
 STREET ADDRESS **15001 N.E. 6TH AVENUE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33163**

TITLE **VP-- T**  Change  Addition  
 NAME  
 STREET ADDRESS **720 SW 97th Court Circle**  
 CITY-ST-ZIP **Miami, FL 33174**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Elvis Ramon*

Elvis Ramon

4/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)