

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90057 026 ***550.00

DOCUMENT # P93000034502

1. Entity Name
SUNRISE PURCHASING CORP.

Principal Place of Business Mailing Address
~~8217 NW 30TH TERRACE~~ ~~8217 NW 30TH TERRACE~~ **7392 N.W. 35**
MIAMI FL 33122 **MIAMI FL 33122** **Suite 205**
7392 N.W. 35 Terrace **MIAMI, FL 33122**

31
205 33122 **UUU01064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0427855 Not Applicable
 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
CHAM, FRANCOISE Name
~~8217 NW 30TH TERRACE~~ **7392 N.W. 35 Terrace** Street Address (P.O. Box Numbers Not Acceptable)
MIAMI FL 33122 **MIAMI, FL 33122** 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 _____ (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. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CHAM, FRANCOISE 8217 NW 30TH TERRACE 7392 N.W. 35 Terrace MIAMI FL 33122 Suite 205 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **SIGNATURE REQUIRED** Date: **8/23/00** Daytime Phone #: **305 593-0204**

CR2E034 (5/00)