

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 495560

1. Entity Name

SUNNYS AT SUNSET, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90054 049 ***158.75

Principal Place of Business

11930 NW 29TH PLACE
SUNRISE FL 33322
US

Mailing Address

11930 NW 29TH PLACE
SUNRISE FL 33323-1544
US

2. Principal Place of Business

8260 Sunset Strip

3. Mailing Address

8260 Sunset Strip

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise FL

City & State
Sunrise FL

4. FEI Number 59-1679175

Applied For
Not Applicable

Zip 33322

Country USA

Zip 33322

Country USA

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

LINDENFELD, GLEN
11930 NW 29TH AVE
SUNRISE FL 33322

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS
NAME LINDENFELD, ELLEN
STREET ADDRESS 11930 NW 29 PLACE
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT
NAME LINDENFELD, GLEN
STREET ADDRESS 11930 NW 29 PLACE
CITY-ST-ZIP SUNRISE, FL 00000

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)