

DOCUMENT # 400109			
1. Entity Name SUNRISE POINT, INC.			
Principal Place of Business 9100 N. KENDALL DRIVE MIAMI FL 33176		Mailing Address 9100 N. KENDALL DRIVE MIAMI FL 33176-2121	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SCUTIERI JR, PHILIP 9100 N. KENDALL DRIVE MIAMI FL 33176			Name
			Street Address
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent:			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	PD SCUTIERI JR, PHILIP 9100 NORTH KENDALL DRIVE MIAMI, FL 00000	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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 601.2(b)(1) of the Florida Statutes, Chapter 601, because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 601, Sections 601.2(b)(1), 601.2(b)(2), 601.2(b)(3), 601.2(b)(4), 601.2(b)(5), 601.2(b)(6), 601.2(b)(7), 601.2(b)(8), 601.2(b)(9), 601.2(b)(10), 601.2(b)(11), 601.2(b)(12), 601.2(b)(13), 601.2(b)(14), 601.2(b)(15), 601.2(b)(16), 601.2(b)(17), 601.2(b)(18), 601.2(b)(19), 601.2(b)(20), 601.2(b)(21), 601.2(b)(22), 601.2(b)(23), 601.2(b)(24), 601.2(b)(25), 601.2(b)(26), 601.2(b)(27), 601.2(b)(28), 601.2(b)(29), 601.2(b)(30), 601.2(b)(31), 601.2(b)(32), 601.2(b)(33), 601.2(b)(34), 601.2(b)(35), 601.2(b)(36), 601.2(b)(37), 601.2(b)(38), 601.2(b)(39), 601.2(b)(40), 601.2(b)(41), 601.2(b)(42), 601.2(b)(43), 601.2(b)(44), 601.2(b)(45), 601.2(b)(46), 601.2(b)(47), 601.2(b)(48), 601.2(b)(49), 601.2(b)(50), 601.2(b)(51), 601.2(b)(52), 601.2(b)(53), 601.2(b)(54), 601.2(b)(55), 601.2(b)(56), 601.2(b)(57), 601.2(b)(58), 601.2(b)(59), 601.2(b)(60), 601.2(b)(61), 601.2(b)(62), 601.2(b)(63), 601.2(b)(64), 601.2(b)(65), 601.2(b)(66), 601.2(b)(67), 601.2(b)(68), 601.2(b)(69), 601.2(b)(70), 601.2(b)(71), 601.2(b)(72), 601.2(b)(73), 601.2(b)(74), 601.2(b)(75), 601.2(b)(76), 601.2(b)(77), 601.2(b)(78), 601.2(b)(79), 601.2(b)(80), 601.2(b)(81), 601.2(b)(82), 601.2(b)(83), 601.2(b)(84), 601.2(b)(85), 601.2(b)(86), 601.2(b)(87), 601.2(b)(88), 601.2(b)(89), 601.2(b)(90), 601.2(b)(91), 601.2(b)(92), 601.2(b)(93), 601.2(b)(94), 601.2(b)(95), 601.2(b)(96), 601.2(b)(97), 601.2(b)(98), 601.2(b)(99), 601.2(b)(100).			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

04-26-2000 90198 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1487479	Applied For
		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

SCUTIERI JR,PHILIP
9100 N. KENDALL DRIVE
MIAMI FL 33176

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
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCUTIERI JR, PHILIP 9100 NORTH KENDALL DRIVE MIAMI, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #