

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442009

1. Entity Name

SUNRISE GLASS & MIRROR, INC.

Principal Place of Business

1960 N.W. 55 AVE.
MARGATE FL 33063
US

Mailing Address

1960 NW 55 AVE.
MARGATE FL 33313-4556
US

2. Principal Place of Business

1360 NW 65TH AVE

Suite, Apt. #, etc.

BAY I

City & State

PLANTATION FL

Zip

33313

Country

USA

3. Mailing Address

1360 NW 65TH AVE

Suite, Apt. #, etc.

BAY I

City & State

PLANTATION FL

Zip

33313

Country

USA

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90045 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1501339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLACK, RICHARD
1960 NW 55 AVE.
MARGATE FL 33063

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ROLLACK BEVERLY	
STREET ADDRESS	220 SE 11TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROLLACK, RICHARD	
STREET ADDRESS	220 SE 11TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Beverly Rollack Sect.
BEVERLY ROLLACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/00 (954) 321-3242

CR2E034 (9/99)