

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442009

1. Entity Name

SUNRISE GLASS & MIRROR, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90157 001 \*\*\*150.00

Principal Place of Business

1360 NW 65TH AVE  
BAY 1  
PLANTATION FL 33313  
US

Mailing Address

1360 NW 65TH AVE  
BAY 1  
PLANTATION FL 33313  
US

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 59-1501339

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

ROLLACK, RICHARD

~~1960 NW 55 AVE~~

1360 NW. 65 AVE

~~MARGATE FL 33063~~

BAY 1

PLANTATION FL 33313  
US

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.

CHANGE AGENTS Address only

SIGNATURE RICHARD ROLLACK Pres.

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. ☐

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 S ☐ Delete  
NAME ROLLACK BEVERLY  
STREET ADDRESS 4950 L Fishermans Dr  
CITY-ST-ZIP POMPANO BEACH FL Coconut Creek FL 33063

TITLE SAME Address ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 4950 L Fishermans Dr  
CITY-ST-ZIP Coconut Creek FL 33063

TITLE DP ☐ Delete  
NAME ROLLACK, RICHARD  
STREET ADDRESS 4950 L Fishermans Dr  
CITY-ST-ZIP POMPANO BEACH FL Coconut Creek, FL 33063

TITLE SAME Address ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 4950 L Fishermans Dr  
CITY-ST-ZIP Coconut Creek FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Beverly Rollack* Sect.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)