

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471373

1. Entity Name

SUNALEX CORPORATION

Principal Place of Business

5955 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309

Mailing Address

5955 N.W. 31ST AVE.
FORT LAUDERDALE FL 33309-2207

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

59-1575991

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

JEFFREY A. GAILOR
815 W. BOYNTON BEACH BLVD.
BLDG. 5, APT. 104
BOYNTON BEACH FL 33426

Name

Paul Watson

Street Address (P.O. Box Number is Not Acceptable)

5955 NW 31st Ave.

City Ft. Lauderdale

FL

Zip Code

33309

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE Paul Watson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	POTTER, CHARLES E.	
STREET ADDRESS	2206 CYPRESS BEND DR S	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALERMO, ANGELO V.	
STREET ADDRESS	6779 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAILOR, JEFFERY A.	
STREET ADDRESS	815 W. BOYNTON BEACH BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATSON, PAUL	
STREET ADDRESS	6720 NW 29TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Potter, Charles E.	
STREET ADDRESS	2206 Cypress Bend Dr. S	
CITY-ST-ZIP	Pompano Beach, FL	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palermo, Angelo V.	
STREET ADDRESS	6779 Blue Bay Circle	
CITY-ST-ZIP	Lake Worth FL 33467	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Watson	
STREET ADDRESS	6720 NW 29th Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Gailor	
STREET ADDRESS	6888 Palemetto Cr. #S902	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input type="checkbox"/> Change <input checked="" 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: A.V. Palermo

A.V. Palermo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

954-973-3230

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)