

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90155 013 ***158.75

DOCUMENT # 532218

1. Entity Name
SUNRISE AUTO BROKERS, INC.

Principal Place of Business

**5992 NW 7TH ST
MARGATE FL 33063
US**

Mailing Address

**5311 NW 44TH AVE
COCONUT CREEK FL 33073
US**

2. Principal Place of Business

2005-NW 55th AVE

3. Mailing Address

705-NW 55th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

Country

Zip

Country

33063

BROWARD

33063

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1739573

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COLLETTI, MATTHEW
5311 NW 44 AVENUE
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

Colletti, Matthew

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

705-NW 73rd TR.

City

MARGATE

FL

Zip Code

33063

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

Matthew Colletti - Matthew Colletti

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, 2002 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	VP	<input checked="" type="checkbox"/> Delete
NAME	COLLETTI, ANTHONY	
STREET ADDRESS	5311 NW 44TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLLETTI, MATTHEW	ADDRESS
STREET ADDRESS	5311 NW 44 AVE	
CITY-ST-ZIP	COCONUT CREEK 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		
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	PRES./SEC. TRMS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Colletti	ADDRESS ONLY
STREET ADDRESS	705-NW 73rd Terrace	
CITY-ST-ZIP	MARGATE, FL 33063	
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
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:

Matthew Colletti **Matthew Colletti** **pres - 954-854-5754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)