

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552547

1. Entity Name

SUNPRO SALES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90105 043 ***150.00

Principal Place of Business

Mailing Address

~~3650 HACIENDA BLVD~~

~~3650 HACIENDA BLVD~~

~~SUITE F~~

~~SUITE F~~

~~DAVIE FL 33314~~

~~DAVIE FL 33314-2821~~

~~US~~

~~US~~

2. Principal Place of Business

5212 NW 67th AVE

3. Mailing Address

5212 NW 67th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33319

Country

USA

Zip

Country

USA

4. FEI Number

59-1774592

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

~~GOLDENBERG, STEPHEN F. ESQ.~~

~~ONE FINANCIAL PLAZA~~

~~SUITE 2626~~

~~FT. LAUDERDALE FL 33304~~

Name

John C. Robinson

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

5212 NW 67 Avenue

City

Fort Lauderdale

FL

Zip Code

33319

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

John C. Robinson

John C. Robinson

May 15, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS ROBINSON, JOHN C.
CITY-ST-ZIP 5212 NW 67TH AVE
FT. LAUDERDALE FL 33319

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
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TITLE ☐ Delete
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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)(g), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Robinson

John C. Robinson

5/15/2000

(954) 572-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR