

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703689

1. Entity Name

SUNRISE VILLA INC

Principal Place of Business

915 INTRACOASTAL DRIVE
FT. LAUDERDALE FL 33304

Mailing Address

915 INTRACOASTAL DRIVE
FT. LAUDERDALE FL 33304-3629

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

59-1059587

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

KUBAT, SHARON M
915 INTRACOASTAL DR
#4
FT. LAUDERDALE FL 33304

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 _____ DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KUBAT, SHARON M
STREET ADDRESS 915 INTRACOASTAL DRIVE #4
CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

TITLE V ☐ Delete
NAME HAND, VERA
STREET ADDRESS 915 INTRACOASTAL DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

TITLE STD ☐ Delete
NAME OLDHAM, ANNE
STREET ADDRESS 915 INTRACOASTAL DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

TITLE D ☐ Delete
NAME SUBODA, TAMMY
STREET ADDRESS 915 INTRACOASTAL DRIVE #3
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SVOBODA, TAMMY
CITY-ST-ZIP 915 INTRACOASTAL DRIVE #3
FORT LAUDERDALE FL 33304

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE OLDHAM STEPHANNE OLDHAM April 30, 2000 954-561,767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90100 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)