

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 07, 2000 8:00 am
Secretary of State

05-15-2000 90186 017 ****70.00

DOCUMENT # 716735
 1. Entity Name
THE SUNRISER CONDOMINIUM INC.

Principal Place of Business Mailing Address
 5971 NORTHWEST 17TH PLACE 5971 NORTHWEST 17TH PLACE
 SUNRISE FL 33313 SUNRISE FL 33313-6955



DO NOT WRITE IN THIS SPACE

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 Applied For
59-1356571 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WATSON, ANGELLA L
 5971 NORTHWEST 17TH PLACE
 #208
 SUNRISE FL 33313

7. Name and Address of New Registered Agent
 Name **SUSAN P. BAKALAR, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
2240 SW 70 AVE SUITE D
DAVE, FL 33317
 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 *Angella L. Watson* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SINECLAIR, GAUWGN	
STREET ADDRESS	4520 NW 67TH TERR	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHUNG, NEVILLE	
STREET ADDRESS	7241 NW 11TH ST.	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATSON, ANGELLA L	
STREET ADDRESS	5971 NW 17TH PL, #208	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIOTT, BYRON	
STREET ADDRESS	1651 NW 59TH WAY	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUNG, CYNTHIA	
STREET ADDRESS	5971 NW 17TH PLACE, #110	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUNG, NEVILLE	
STREET ADDRESS	7241 NW 11TH ST	
CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELLA L. WATSON	
STREET ADDRESS	5971 NW 17TH PL #208	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIOTT, BYRON	
STREET ADDRESS	1651 NW 59TH WAY	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SUSAN P. BAKALAR* 4/27/00 954-731-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #