

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # 716735

1. Entity Name

THE SUNRISER CONDOMINIUM INC.

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

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

Principal Place of Business

Mailing Address

5971 NORTHWEST 17TH PLACE  
SUNRISE FL 33313

5971 NORTHWEST 17TH PLACE  
SUNRISE FL 33313-6955

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

59-1356571

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, ANGELLA L  
5971 NORTHWEST 17TH PLACE  
#208  
SUNRISE FL 33313

Name SUSAN P. BAKALAR, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
2240 SW 70 AVE SUITE D

DADE, 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*

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

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:

*Angella L. Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-731-8656

Daytime Phone #