

4/4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-04-2001 90066 041 ****70.00

DOCUMENT # 716735

1. Entity Name

THE SUNRISER CONDOMINIUM INC.

Principal Place of Business

Mailing Address

5971 NORTHWEST 17TH PLACE
SUNRISE FL 333135971 NORTHWEST 17TH PLACE
SUNRISE FL 33313

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR, SUSAN P P. A.
2240 SW 70 AVE STE D
DAVIE FL 33317

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

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	T/Δ	<input type="checkbox"/> Delete
NAME	CHUNG, NEVILLE	
STREET ADDRESS	7241 NW 11TH ST.	
CITY-ST-ZIP	PLANTATION FL 33313	

TITLE	P/Δ	<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	HARRIOTT, BYRON	
STREET ADDRESS	1651 NW 59TH WAY	
CITY-ST-ZIP	SUNRISE FL 33313	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHUNG, NEVILLE	
STREET ADDRESS	7241 NW 11TH ST	
CITY-ST-ZIP	PLANTATION FL 33313	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
CITY-ST-ZIP		

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

3/28/01 954-731-8656
 Date Daytime Phone #

CP2E037 (10/00)