

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90094 026 ****61.25

DOCUMENT # 757103

1. Entity Name

SUNRISE LAKES CONDOMINIUM PHASE 4, INC. 2

Principal Place of Business

Mailing Address

A & M PROPERTY MGT
3475 N HIATUS RD
SUNRISE F 33351
US

A & M PROPERTY MGT
3475 N HIATUS RD
SUNRISE F 33351-7500
US

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

59-2115613

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

A & M PROPERTY MANAGEMENT, INC
3475 N HIATUS RD
SUNRISE FL 33351

Name

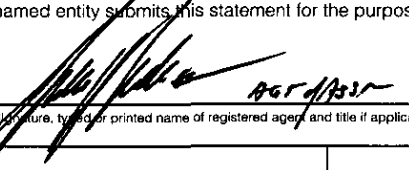
Street Address (P.O. Box Number is Not Acceptable)

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  *David Deutsch*

(NOTE: Registered Agent signature required when reinstating)

3/30/00
 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

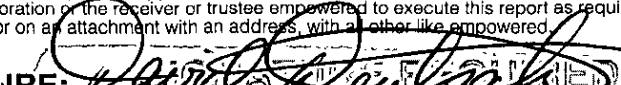
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID DEUTSCH 2607 NW 104TH AVE SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, NORMAN 2786 NW 104TH AVE SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLUTNER, SAM 2607 NW 104TH AVENUE SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOPF, MURRAY 2704 NW 104TH AVE SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, ROBERT 2521 NW 104TH AVE SUNRISE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, LARRY 2786 NW 104TH AVE SUNRISE FL	☐ Delete

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

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 a power of attorney.

SIGNATURE:  *David Deutsch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)