

2001 UNIFORM BUSINESS REPORT (UBR)

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
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

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
NAME DAVID DEUTSCH
STREET ADDRESS 2607 NW 104TH AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE D
NAME BERLIN, NORMAN
STREET ADDRESS 2786 NW 104TH AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE T
NAME PLUTNER, SAM
STREET ADDRESS 2607 NW 104TH AVENUE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE VPD
NAME KOPF, MURRAY
STREET ADDRESS 2704 NW 104TH AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE D
NAME LIVINGSTON, ROBERT
STREET ADDRESS 2521 NW 104TH AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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

TITLE SD
NAME MASON, LARRY
STREET ADDRESS 2786 NW 104TH AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-19-2001 90391 016 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)