NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90142 041 ****61.25

DOCUMENT # 757103

1. Entity Name: SUNRISE LAKES CONDOMINIUM ASSOCIATION PHASE 4 INC 2

DO NOT WRITE IN THIS SPACE

50047010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
A&M Partners Inc.	A&M Partners Inc.
Suite, Apt. #, etc.: 3475 Nrth Hiatus Road	Suite, Apt. #, etc.: 3475 North Hiatus Road
City & State: Sunrise FL	City & State: Sunrise FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number: 59-115613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: A & M Partners Inc.

Street Address (P.O. Box Number is Not Acceptable): 3475 North Hiatus Road

City: Sunrise **FL** Zip Code: 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME Pres. STREET ADDRESS Murray Kopf CITY-ST-ZIP 2704 N.W. 104 Ave Sunrise, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE vpd NAME 1st V. Pres. STREET ADDRESS Connie Salomon CITY-ST-ZIP 10456 N.W. 34 Pl Sunrise, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD NAME Secty STREET ADDRESS Metzi Mohammed CITY-ST-ZIP 2607 NW 104 Ave SUNRISE, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE TD NAME Treas. STREET ADDRESS Sam Plotner CITY-ST-ZIP 2607 N.W. 104 Ave Sunrise, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Director STREET ADDRESS Shirley Rosenkranz CITY-ST-ZIP 2793 N.W. 104 Ave. Sunrise, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: T. Murray Kopf 4/2/05 954 741 4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #