

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05171**

1. Entity Name  
**SUNRISE HARBOUR LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



Principal Place of Business 2601 S BAYSHORE DR #1250 MIAMI FL 33133	Mailing Address 2601 S BAYSHORE DR #1250 MIAMI FL 33134-3073
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2. Principal Place of Business 901 Ponce de Leon Blvd.	3. Mailing Address 901 Ponce de Leon Blvd.
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Suite, Apt. #, etc. Suite 601	Suite, Apt. #, etc. Suite 601
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City & State Coral Gables FL	City & State Coral Gables FL 33
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4. FEI Number 65-0179272	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country USA	Zip 33134	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WEISZ, MICHEL O ESQ**  
901 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. <b>\$5,650.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	MCCALLUM, CATHIE ELLEN GOULD
NAME	901 PONCE DE LEON BLVD SUITE 601
STREET ADDRESS	CORAL GABLES FL 33134
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	000003289410--7
NAME		CITY - ST - ZIP	-06/14/00--01092--020
STREET ADDRESS			****141.25 ****141.25
CITY - ST - ZIP			

DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Cathie Ellen Gould McCallum Cathie Ellen Gould McCallum 4/12/00 (305)442-1055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)