

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18438

1. Entity Name

SUNNY ESTATE ENTERPRISES, LTD. II

Principal Place of Business

2170D HAVERHILL ROAD S.
WEST PALM BEACH FL 33415

Mailing Address

2170D HAVERHILL ROAD S.
WEST PALM BEACH FL 33415

FILED
JUN 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3495/3496 Lynnwood Dr.

3. Mailing Address

2170D Haverhill Rd. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

WPB FL

4. FEI Number

13-3298133

Applied For

Not Applicable

Zip 33461

Country USA

Zip 33415

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWE, BARBARA L.
2130A HAVERHILL ROAD, S.
W. PALM BEACH FL 33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$ 501,500.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 497,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME BUONANNO, VINCENT
STREET ADDRESS 2170 D HAVERHILL RD. S.
CITY-ST-ZIP WEST PALM BEACH FL 33415

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 200004423782--2
CITY-ST-ZIP -06/18/01--01022--006
***526.25 ***526.25

DOCUMENT #
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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: Buonanno, Vincent REQUIRE Buonanno, G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01

561-969-7541

Date

Daytime Phone #

CR2E003 (11/00)