

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32685

1. Entity Name

SUNLIFE BUILDERS, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90021 004 ***158.75

Principal Place of Business

Mailing Address

8980 N.W. 41ST STREET
COOPER CITY FL 33024

8980 N.W. 41ST STREET
COOPER CITY FL 33024-8700

2. Principal Place of Business

8910 NW 38th St.
Suite, Apt. #, etc.

3. Mailing Address

8910 NW 38th St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cooper City, FL

City & State
Cooper City, FL

4. FEI Number 59-2173526

Applied For
Not Applicable

Zip 33024 Country USA

Zip 33024 Country USA

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

HAREL, S M
8980 N.W. 41ST STREET
CORAL SPRINGS FL 33024

Name T. Amseil
Street Address (P.O. Box Number is Not Acceptable)
8910 NW 38th St.
City Cooper City FL Zip Code 33024

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAREL, S M 8980 N.W. 41ST STREET COOPER CITY FL 33024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAREL, NELLY 8980 NW 41 ST. COOPER CITY FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAREL, TALIA E 8980 NW 41ST ST COOPER CITY FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOWOMIAST, N. 8910 NW 38th St. Cooper City, FL. 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMSEL, T. E. 8910 Cooper City, FL. 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Amseil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2000 (954) 450-7094
Date Daytime Phone #

CR2E034 (9/99)