## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 12, 2002 8:00 am F97000005086 DOCUMENT # **Secretary of State** 1. Entity Name 02-12-2002 90033 001 \*\*\*300.00 ZH SUNRISE, INC. Mailing Address Principal Place of Business 6557 NW 32ND TERRACE 6557 NW 32ND TERRACE 12000 **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0778085 Not Applicable **\$8.75** Additional .... Zip ··· -Country ---Zip= \* \* \* \* 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZHEUTLIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6557 NW 32ND TERRACE **BOCA RATON FL 33496** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees -Trust Fund Contribution.\_\_ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE ZHEUTLIN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 6557 NW 32ND TERRACE CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HOESLEY, JAMES B NAME STREET ADDRESS 227 W. MONROE ST., 42ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

FILED

CR2E034 (9/01)