

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004475

1. Entity Name

SUN SYMPHONY SOCIETY, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90050 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O JOSEPH EGER  
3200 N.E. 7TH COURT, SUITE 205-A  
POMPANO BEACH FL 33062

C/O JOSEPH EGER  
3200 N.E. 7TH COURT, SUITE 205-A  
POMPANO BEACH FL 33062-4506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7423405

Applied For

Not Applied

Zip

Country

Zip

Country

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

GUIDO, ALTA J  
111 NORTH POMPAO BEACH BLVD., SUITE 114  
POMPANO BEACH FL 33062

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PS ☐ Delete  
NAME EGER, JOSEPH  
STREET ADDRESS 3299 N.E. 7TH COURT, SUITE 205-A  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME EGER, DORITA BEH  
STREET ADDRESS 3299 N.E. 7TH COURT, SUITE 205-A  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FELDMAN, JANNET C  
STREET ADDRESS 410 WEST 24TH STREET, PH #A  
CITY-ST-ZIP NEW YORK NY 10011

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARK, JUNE  
STREET ADDRESS #9 GLENWOOD DRIVE  
CITY-ST-ZIP DARIEN CT 06020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GUTMAN, JEREMIA ESQ.  
STREET ADDRESS 275 7TH AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ANDEMICAEL, BERHANYKUN  
STREET ADDRESS 320 EAST 25TH STREET  
CITY-ST-ZIP NEW YORK NY 10010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

954 782 9703