

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J 39272

1. Entity Name
BAROFSKY ENTERPRISES, INC.

Principal Place of Business Mailing Address
WEST PALM BEACH 517 N. OLIVE AVE.
W. PALM BEACH, FL 33401

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 517 N. OLIVE AVE.
Suite, Apt. #, etc.

City & State City & State
W. PALM BEACH, FL
Zip Country Zip Country
33401 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 12:51

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STEPHEN D. BAROFSKY
517 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401

4. FEI Number Applied For
592730212 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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: _____ (NOTE: Registered Agent signature required when retreating) DATE _____

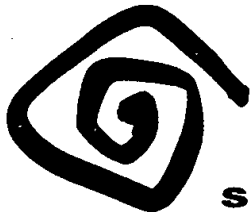
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒ FILE MONTHLY FEE IS \$150.00 AFTER MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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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: _____ 1126-01 561 832 6611
EXCISE TAXES: ADULT TYPED NAME, ZIP, BUSINESS OFFICER OR DIRECTOR

CR2ED34 (11/00)



SUNRISE

vacation and travel service

517 NORTH OLIVE AVENUE
WEST PALM BEACH, FLORIDA 33401

November 26, 2001

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Barofsky Enterprises, Inc/ d/b/a Sunrise Vacation & Travel Service

When we moved our offices I did not notify your office of our change of address and as a result never received any notices to file the renewal for our UBR.

For that I apologize and am enclosing our check for the fee of \$150 as instructed by your office and asking that we be reinstated.

Thanking you in advance for your help, I remain

Sincerely yours,

Stephen B. Barofsky
President

Enc:

MEMBER



TEL 561 832 6611

FAX 561 832 3649
email: travel@sunmail.com
web site: <http://www.sunrise-travel.com>