2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39272

1. Entity Name

BAROFSKY ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 27 PM 12:51

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	
		517 N. OLIVE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State W. PALM BEACH, FL	
Zip	Country	Zip 33401	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 2730212 ☐ Applied For ☐ Not Applicable

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
STEPHEN D. BAROFSKY 517 N. OLIVE AVENUE WEST PALM BEACH, FL 33401	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. 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, 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 PRESIDENT NAME STEPHEN D. BAROFSKY STREET ADDRESS 517 N. OLIVE AVENUE CITY-ST-ZIP W. PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE VICE PRESIDENT NAME GAIL BAROFSKY STREET ADDRESS 517 N. OLIVE AVENUE CITY-ST-ZIP W. PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E034 (11/00)

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: STEPHEN D. BAROFSKY 11-26-01 561 832 6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 D. Barofsky
President

Enc:

MEMBER ASTA American Society of Travel Agents

TEL 561 832 6611
FAX 561 832 3649
email: travel@sunmail.com
web site: http://www.sunrise-travel.com