

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53305

1. Entity Name

SUNMARK COMMUNITIES CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90008 011 ***150.00

Principal Place of Business

399 W. PALMETTO PARK RD.
 SUITE 104
 BOCA RATON FL 33432
 US

Mailing Address

399 W. PALMETTO PK RD.
 SUITE 104
 BOCA RATON FL 33432-3760
 US

2. Principal Place of Business

33 SE 7TH STREET
 Suite, Apt. #, etc.
 SUITE D

3. Mailing Address

33 SE 7TH STREET
 Suite, Apt. #, etc.
 Suite D

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

US

Zip

33432

Country

US

4. FEI Number

65-0102802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRINSKY, JAY
 399 W. PALMETTO PARK RD.
 SUITE 104
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

33 SE 7TH STREET, Suite D

City

BOCA RATON

State

FL

Zip Code

33432

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

JAY KRINSKY, President

4/20/00

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

TITLE DP
 NAME KRINSKY, JAY
 STREET ADDRESS 399 W. PALMETTO PARK RD.
 CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE S
 NAME KRINSKY, TINA J
 STREET ADDRESS 399 W PALMETTO PARK RD
 CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY KRINSKY, Pres.

Date

4/20/00

Daytime Phone #

561 392-9355