

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90235 008 \*\*\*\*50.00

**DOCUMENT # L01000011870**

1. Entity Name

**SUNRISE REALTY HOLDING COMPANY, LLC**

Principal Place of Business

**318 NORTH CARSON STREET-SUITE-214  
 CARSON CITY NV-89701**

Mailing Address

**318 NORTH CARSON STREET-SUITE-214  
 CARSON CITY NV-89701**

**943243**

2. Principal Place of Business

**202 North Curry Street  
 Suite 100  
 Carson City, NV  
 89703 U.S.**

3. Mailing Address

**202 North Curry Street  
 Suite 100  
 Carson City, NV  
 89703 U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**88-0481249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, ELLEN  
 ONE SOUTHEAST THIRD AVE #2400  
 MIAMI FL 33138**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **SPQR INVESTMENTS, LLC**  
 STREET ADDRESS **% 318 NORTH CARSON STREET, SUITE-214**  
 CITY-ST-ZIP **CARSON CITY NV-89701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **202 North Curry Street, Suite 100**  
 CITY-ST-ZIP **Carson City, NV 89703**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/11/02 8179267767**

Date

Daytime Phone #

CR2E083 (9/01)