

2002 UNIFORM BUSINESS REPORT (UBR)

0025051

DOCUMENT # L01000014996

1. Entity Name

SUNRISE REALTY OF NORTHEAST FLORIDA, LLC

FILED

02 APR -4 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8843-1 SAN JOSE BLV.
JACKSONVILLE FL 32217

Mailing Address

P.O. BOX 47276
JACKSONVILLE FL 32247

2. Principal Place of Business

8823 San Jose Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 310

City & State

Jacksonville, Florida

City & State

Zip Country
32217 USA

4. FEI Number

59-3748996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

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)

02/04/02
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Saoud, Raja Edmond 8823 San Jose Blvd., Suite 310 Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
400005235024--2 04/10/02 81034-002 *****50.00 *****50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

02/11/02

(305) 439-2714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)