

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80494

1. Entity Name

SUNRAE MANAGEMENT SERVICES, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90071 023 \*\*\*150.00

Principal Place of Business

C/O KAREN H. BUSCH  
4000 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319

Mailing Address

C/O KAREN H. BUSCH  
4000 NORTH STATE ROAD 7  
FT. LAUDERDALE FL 33319-4804

2. Principal Place of Business

7071 W. COMMERCIAL BLVD  
Suite, Apt. #, etc.  
2B  
City & State  
TAMARAC, FL  
Zip  
33319  
Country  
US

3. Mailing Address

7071 W. COMMERCIAL BLVD  
Suite, Apt. #, etc.  
2B  
City & State  
TAMARAC, FL  
Zip  
33319  
Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0200398

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

KAREN H. BUSCH

C/O SUNRAE MANAGEMENT SERVICES, INC.

4000 N. STATE RD. 7, STE 400A  
LAUDERHILL FL 33319

7071 W. COMMERCIAL  
BLVD - 2B

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TPD	<input type="checkbox"/> Delete
NAME	BUSCH, SCOTT	
STREET ADDRESS	1208 NW 107 TERR	
CITY-ST-ZIP	PLANTATION FL 33522	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BUSCH, KAREN	
STREET ADDRESS	1208 NW 107 TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUSCH, KAREN	
STREET ADDRESS	1208 NW 107 TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

2/22/00 954-733-9010  
Date Daytime Phone # X15

CR2E034 (9/99)