

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0001791 AF

DOCUMENT # L96000000890

1. Entity Name
SUNRUNNER-MIAMI, L.C.

00 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4091 N 28TH WAY
HOLLYWOOD FL 33020

Mailing Address
4091 N 28TH WAY
HOLLYWOOD FL 33020-1102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0692327

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAZ, JULIO P
4091 N 28TH WAY
HOLLYWOOD FL 33020

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CARLONI, DANIEL A ☐ Delete
STREET ADDRESS 150 SHORE DR
CITY-ST-ZIP BRANFORD CT 06405

TITLE NAME MGRM MALONE, JAMES ☐ Delete
STREET ADDRESS 3131 SW MARTIN DOWNS BLVD SUITE 339
CITY-ST-ZIP PALM CITY FL 34990

TITLE NAME MGRM DIAZ, JULIO P ☐ Delete
STREET ADDRESS 321 SW 192ND TER
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME MGRM TORRENTI, R. EUGENE ☐ Delete
STREET ADDRESS 28 WOODSIDE DR
CITY-ST-ZIP ORANGE CT 06477

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Daniel Carloni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00
Date

(203) 234-9099
Daytime Phone #

CR2E083 (9/99)