

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000890

1. Entity Name

SUNRUNNER-MIAMI, L.C.

Principal Place of Business

4091 N 28TH WAY
HOLLYWOOD FL 33020

Mailing Address

4091 N 28TH WAY
HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0692327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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] RETURNED 1/22

1/8/02 1-954-927-7791

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90014 020 ****50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)