2000 HNIEGRM RUGINESS REDORT (HRR)

DOCU	MENT # L9900		្រាប្រ	٠,			
1. Entity Name S.M.W. SUNRISE BLVD., L.C.					ı	FILEI SECRETARY (VISION OF COF	F STATE PORATIONS
Principal Place of Business Mailing Address C/O BROOKSIDE NURSERY C/O BROOKSIDE NURSERY 288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446						00 FEB - 1 #	
2. Principal F	3. Mailing Address	Aailing Address			!	8 (() 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 09499	88	Applied For	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desire	d 🗀 \$5.0 0 Fee Re	O Additional equired
	6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Agent	_
MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. Street Additional Control of the Co					(P.O. Box Number is Not Accepta	able)	<u> </u>
500 EAST BROWARD BLVD., SUITE 1950							
FORT LAUDERDALE FL 33394				City	· · · · · · · · · · · · · · · · · · ·		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. (NOT	E: Registere	d Agent signature requir	ed when reinstating)	DATE	
		FILE N Make Check Pa		FEE IS \$50.00 Department	l l		
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9.	MANAGING MEMB		10.	 	ADDITIO		
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CITY-81-ZIP			CITY-	8T- ZIP			
11. hereby	certify that the information supplied with	this filing does not qualify fo	or the exer	mption stated in S	ection 119.07(3)(i), Florida Statut	es. I further certify that	the information
Indicated limited lia	on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have e empowered to execute this	report as	required by Cha	made under oath; that I am a ma oter 608, Florida Statutes.	надшу пешрегог т	mager or the
	///	(Hr. 1/1)	1	. /	. / .	, .	
SIGNAT	URE: Allah	W/ A THE SOU	RE	1/2/	100	(561) 49	8-5600
J. G. TA	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER	Date	Baytime Pt	one #