

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90046 045 ***150.00

DOCUMENT # M66042

1. Entity Name
SUNRISE APPLIANCE, INC.

Principal Place of Business Mailing Address

~~5441 S. STATE ROAD 7~~ ~~5441 S. STATE ROAD 7~~
~~FT. LAUDERDALE FL 33314~~ ~~FT. LAUDERDALE FL 33314~~

2. Principal Place of Business 3. Mailing Address

5440 S. STATE ROAD 7 **5440 S. STATE ROAD 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Fort Lauderdale FL **Fort Lauderdale**

Zip Country Zip Country

33314 **33314**

6. Name and Address of Current Registered Agent

GREGO, DAVID
5440 S. ST. RD 7
FORT LAUDERDALE FL 33314

4. FEI Number **65-0027183** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREGO, DAVID 14400 SW 16 ST DAVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID Grego 5440 S. St. Rd 7 Fort Lauderdale FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREGO, DAWN V 14400 SW 16 ST DAVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St. DAWN V. Grego 5440 S. ST. Rd 7 Fort Lauderdale FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Grego 1/3/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)