2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 08:00 AM
Secretary of State

DOCUMENT # **M89944**

1. Entity Name
SUNBURST EQUITIES, INC.

Principal Place of Business	Mailing Address
1111 LINCOLN ROAD, SUITE #800	1111 LINCOLN ROAD, SUITE #800
MIAMI BEACH FL	MIAMI BEACH FL
33139	33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 LINCOLN ROAD, SUITE #400	1111 LINCOLN ROAD, SUITE #400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH FL	City & State: MIAMI BEACH FL
Zip: 33139 Country:	Zip: 33139 Country:

4. FEI Number **65-0119688** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARFINKLE BENJAMIN
1111 LINCOLN ROAD
SUITE 800
MIAMI BEACH FL
33139 US

7. Name and Address of New Registered Agent

Name: GARFINKLE BENJAMIN
Street Address (P.O. Box Number is Not Acceptable): 1111 LINCOLN ROAD
SUITE 400
City: MIAMI BEACH FL Zip Code: 33139

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 ______________________ 07/25/2001
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, 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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GARFINKLE, BENJAMIN		NAME	BENJAMIN GARFINKLE	
STREET ADDRESS	1111 LINCOLN ROAD #800		STREET ADDRESS	1111 LINCOLN ROAD #400	
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: BENJAMIN GARFINKLE PD 07/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #