

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005773

1. Entity Name

SISTER CITIES OF SUNRISE, INC.

Principal Place of Business

4237 NW 88 AVENUE
SUNRISE FL 33351

Mailing Address

4237 NW 88 AVENUE
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KUSNICK, HOWARD A
300 NW 82ND AVENUE SUITE 505
FT LAUDERDALE FL 33324

4. FEI Number

65-1132958

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SANDORA, LOUIS
STREET ADDRESS 4237 NW 88 AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME FALLENBAUM, DONALD J
STREET ADDRESS 4237 NW 88 AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME KUSNICK, HOWARD A
STREET ADDRESS 4237 NW 88 AVENUE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Don Fallbaum, Treas.

2/12/02 954-722-2210

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90026 004 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)