

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90017 017 ****61.25

DOCUMENT # N02544

1. Entity Name

SUN RUN CONDOMINIUM II, ASSOCIATION, INC.

Principal Place of Business

3110 NW 88 AVE
 SUNRISE FL 33351
 US

Mailing Address

% ALLIANCE PROPERTY SYSTEMS
 P O BOX 26478
 FT LAUDERDALE FL 33320-6478
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2438064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLIANCE PROPERTY SYSTEMS
7101 W COMMERCIAL BLVD
4A
FT LAUDERDALE FL 33319

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUKZAM, EDDIE	
STREET ADDRESS	3110 NW 88 AVE., #207	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WIENER, NATALIE	
STREET ADDRESS	3110 NW 88TH AVE #306	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOKZAM, MICHAEL	
STREET ADDRESS	3110 NW 88 AVE #305	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

EDDIE BUKZAM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00 954-748-8184
 Date Daytime Phone #

CR2E037 (9/99)