

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90395 040 ****61.25

DOCUMENT # N02544

1. Entity Name

SUN RUN CONDOMINIUM II, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3110 NW 88 AVE
 SUNRISE FL 33351
 US**

**% ALLIANCE PROPERTY SYSTEMS
 P O BOX 26478
 FT LAUDERDALE FL 33320-478
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2438064

Applied For

Not Applicable

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:
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME BUKZAM, EDDIE
 STREET ADDRESS 3110 NW 88 AVE., #207
 CITY-ST-ZIP SUNRISE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME WIENER, NATALIE
 STREET ADDRESS 3110 NW 88TH AVE #306
 CITY-ST-ZIP SUNRISE FL

TITLE D/V/S Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DST Delete
 NAME BOKZAM, MICHAEL
 STREET ADDRESS 3110 NW 88 AVE #305
 CITY-ST-ZIP SUNRISE FL

TITLE D/T Change Addition
 NAME WALTER ROMANO
 STREET ADDRESS 3110 NW 88 AVE #202
 CITY-ST-ZIP SUNRISE, FL 33351

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **EDDIE BUKZAM** REQUIRED *EDDIE BUKZAM* 5/3/01 954-724-2001 ^{X3}



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)