

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90024 028 \*\*\*\*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**

**80047223**



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  
**Eddie Bukzam**

Street Address (P.O. Box Number is Not Acceptable)

**3110 NW 88 Ave #207**

City  
**Sunrise**

**FL**

Zip Code  
**33351**

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

*[Handwritten 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BUKZAM, EDDIE</b>	
STREET ADDRESS	<b>3110 NW 88 AVE., #207</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>WIENER, NATALIE</b>	
STREET ADDRESS	<b>3110 NW 88TH AVE #306</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>ROMANO, WALTER</b>	
STREET ADDRESS	<b>3110 NW 88 AVE., STE 202</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>33351</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>33351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

*[Handwritten Signature]*

**3-08-02**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)