

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90005 001 \*1,050.00

**DOCUMENT # N96000002140**

1. Entity Name

**SUNRISE COMMUNITY SERVICES, INC.**

Principal Place of Business

Mailing Address

9040 SUNSET DRIVE  
 SUITE 70-A  
 MIAMI FL 33173

C/O LESLIE W. LEECH, JR  
 9040 SUNSET DR  
 MIAMI FL 33173-3432

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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

**65-0662366**

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

**LEECH, LESLIE W JR.**  
**9040 SUNSET DRIVE**  
**MIAMI FL 33173**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINGER, STEVEN M</b>	NAME	
STREET ADDRESS	<b>2650 SW 27 AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, BARNETT A</b>	NAME	
STREET ADDRESS	<b>7761 SW 176 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPELIOS, GEORGE L</b>	NAME	
STREET ADDRESS	<b>16920 SW 192 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33187</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEECH, LES JR</b>	NAME	
STREET ADDRESS	<b>9040 SUNSET DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEEKS, JAMES G.</b>	NAME	
STREET ADDRESS	<b>9040 SUNSET DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Leslie W. Leech, Jr.* 1/5/00 305-596-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)