

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90077 017 ***150.00

0279479

DOCUMENT # P00000001498

1. Entity Name
SUNRISE PROSTHETIC ORTHOTIC LABORATORIES, INC.

Principal Place of Business Mailing Address
3468 NORTH UNIVERSITY DRIVE **3468 NORTH UNIVERSITY DRIVE**
SUNRISE FL 33351 **SUNRISE FL 33351**

2. Principal Place of Business 3. Mailing Address
2692 North University Drive **2692 North University Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 8 **Suite # 8**

City & State City & State
SUNRISE, FL **SUNRISE, FL**

Zip Country Zip Country
33322 **USA** **33322** **USA**

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number Applied For
65-0972693 ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ ☐

7. Name and Address of New Registered Agent
 Name **Jeff HAMMEN**
 Street Address (P.O. Box Number is Not Acceptable)
10371 North LAKE VISTA Circle
~~10371 North LAKE VISTA Circle~~
 City **DAVIE** FL Zip Code **33328**

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 **Jeff HAMMEN, Pres** DATE **1-29-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaigns Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
☐ ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMEN, HEFFREY T		NAME		
STREET ADDRESS	3468 NORTH UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		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		
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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeff HAMMEN** Date **2-11-01** Daytime Phone # **954-749-4780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)