

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000025591

FILED  
Feb 15, 2002 8:00 AM  
Secretary of State

**Entity Name:** SUNRISE SUPPORT COORDINATION INC.

**Current Principal Place of Business:**

2200 NE 33RD AVE. #66  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

19580 SEDGEFIELD TERRACE  
BOCA RATON, FL 33498

**Current Mailing Address:**

PO BOX 480266  
FORT LAUDERDALE, FL 333480266

**New Mailing Address:**

19580 SEDGEFIELD TERRACE  
BOCA RATON, FL 33498

**FEI Number:** 65-0990637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMADUCCI, SILVANA  
2200 NE 33RD AVE. #66  
FORT LAUDERDALE, FL 33305

**Name and Address of New Registered Agent:**

AMADUCCI, SILVANA  
19580 SEDGEFIELD TERRACE  
BOCA RATON, FL 33498

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:

02/15/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AMADUCCI, SILVANA  
Address: 2200 NE 33RD AVE. #66  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AMADUCCI, SILVANA  
Address: 19580 SEDGEFIELD TERRACE  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANA AMADUCCI

P

02/15/2002

Electronic Signature of Signing Officer or Director

Date