

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034832

1. Entity Name

G.R. SUNRISE INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90001 043 ***150.00

612108



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1228 HILLSBORO MILE, UNIT 203 HILLSBORO BEACH FL 33062	Mailing Address 1228 HILLSBORO MILE UNIT 203 HILLSBORO BEACH FL 33062
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2. Principal Place of Business 1228 HILLSBORO MILE	3. Mailing Address 10394 LAKE VISTA CIRCLE
Suite, Apt. #, etc. UNIT 302	Suite, Apt. #, etc.

City & State HILLSBORO BEACH, FL 33062	City & State BOCA RATON; FLORIDA
Zip 33062	Country BROWARD
Zip 33498	Country PALM BEACH

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN - DEN EEDE, GUY O. E
1228 HILLSBORO MILE, UNIT 203 302
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
VAN DEN EEDE, GUY O.E.
Street Address (P.O. Box Number is Not Acceptable)
1228 HILLSBORO MILE
UNIT 302
City
HILLSBORO BEACH FL Zip Code
33062

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]* 3/4/01
GUY O. E. VAN DEN EEDE, PRESIDENT (NOTE: Registered Agent signature required when registration) DATE 1/10/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN - DEN EEDE, GUY O. E 1228 HILLSBORO MILE, UNIT 203 302 HILLSBORO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STERNE, RICHARD S 1228 HILLSBORO MILE, UNIT 203 HILLSBORO BEACH FL 33062	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT / SECRETARY ZAK WEST 10394 LAKE VISTA CIRCLE BOCA RATON, FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *[Signature]*
GUY O. E. VAN DEN EEDE, PRESIDENT

[Signature] 3/4/01 1/10/01 861-451-2887
ZAK WEST, VICE PRESIDENT / SECRETARY

CR2E034 (10/00)