

FILED

Jun 19, 2002 8:00 am
Secretary of State

01-27-2002 90014 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034832

1. Entity Name

G.R. SUNRISE INC.

Principal Place of Business

1228 HILLSBORO MILE, UNIT 302
HILLSBORO BEACH FL 33062

Mailing Address

10394 LAKE VISTA CIRCLE
BOCA RATON FL 33498

2. Principal Place of Business

10394 Lake Vista Circle

Suite, Apt. #, etc.

3. Mailing Address

10394 Lake Vista Circle

Suite, Apt. #, etc.

City & State
Boca Raton, FloridaCity & State
Boca Raton, FloridaZip
33498Country
United StatesZip
33498Country
United States

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Zak WestStreet Address (P.O. Box Number is Not Acceptable)
10394 Lake Vista CircleCity Boca Raton

FL

Zip Code 33498

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

Zak West, ZAK WEST, VICE PRESIDENT / SECRETARY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 302 HILLSBORO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S WEST, ZAK 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
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
VP/S WEST, ZAK 10394 LAKE VISTA CIRCLE BOCA RATON, FL 33498	<input checked="" 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
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 all other like empowered.

SIGNATURE:

ZAK WEST, VICE PRESIDENT / SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/02 (561) 541-3546

Daytime Phone #

CR2E034 (9/01)