

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State
 09-13-2001 90017 042 ***550.00

0094628 AV

DOCUMENT # P00000058280
 1. Entity Name
SUNRISE EXPRESS TRANSPORT, INC.

Principal Place of Business Mailing Address
 1621 NW 63RD AVE. 1621 NW 63RD AVE.
 FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1621 NW 63 AVE 1621 NW 63 AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Sunrise FL Sunrise FL
 Zip Zip
 33313 33313
 Country Country
 USA USA

4. FEI Number Applied For
 65-1013383 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMSARAN, SUBHASH
1621 NW 63RD AVE.
FT. LAUDERDALE FL 33313

7. Name and Address of New Registered Agent
 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 Same Agent DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMSARAN, SUBHASH		NAME		
STREET ADDRESS	1621 NW 63RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33313		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		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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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: Subhash Ramsaran Date 09/12/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (5/01)