

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90110 023 \*\*\*150.00

0154635 AV

**DOCUMENT # P00000072836**

**1. Entity Name**  
**SUNQUEST SERVICE CORPORATION**

**Principal Place of Business**  
**3335 N UNIVERSITY DRIVE #1**  
**DAVIE FL 33024**

**Mailing Address**  
**3335 N UNIVERSITY DRIVE #1**  
**DAVIE FL 33024**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1079747**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RICH, DENNIS**  
**3651 WASHINGTON LANE**  
**COOPER CITY FL 33026**

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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **RICH, DENNIS**  
**STREET ADDRESS** **3651 WASHINGTON LANE**  
**CITY-ST-ZIP** **COOPER CITY FL 33026**

**TITLE** **President** ☒ Change ☐ Addition  
**NAME** **treasurer**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VPT** ☒ Delete  
**NAME** **RAYNER, GEORGE**  
**STREET ADDRESS** **P.O. BOX 824033**  
**CITY-ST-ZIP** **S.F. FL 33082-4233**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **ES** ☐ Delete  
**NAME** **PAREJA, MARIELA**  
**STREET ADDRESS** **1368 NW 97 TERRACE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33024**

**TITLE** **Vice-President** ☒ Change ☐ Addition  
**NAME** **secretary**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Dennis Rich*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Dennis Rich**

**1/15/02**  
 Date

**(954) 442-9456**  
 Daytime Phone #

CR2E034 (9/01)