

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90174 043 ***150.00

DOCUMENT # P00000096937

1. Entity Name
SUNRISE CATERING, INC.



Principal Place of Business
7438 NORTHWEST 49TH COURT
LAUDERHILL FL 33319

Mailing Address
7438 NORTHWEST 49TH COURT
LAUDERHILL FL 33319

2. Principal Place of Business
10610 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.

3. Mailing Address
10610 W. OAKLAND PARK BLVD.
Suite, Apt. #, etc.

City & State
SUNRISE - FLORIDA

City & State
SUNRISE - FLORIDA

Zip
33351

Country
USA

Zip
33351

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1048241

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

URBANY, JAMES P
7438 NORTHWEST 49TH COURT
LAUDERHILL FL 33319

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|-----------------------|---------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | URBANY, JAMES P | |
| STREET ADDRESS | 7438 NORTHWEST 49TH COURT | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | GIZZO, MARY E | |
| STREET ADDRESS | 7438 NORTHWEST 49TH COURT | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARY E. GIZZO | |
| STREET ADDRESS | 2436 WHALE HARBOR LANE | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 954 746-3436

Date

Daytime Phone #

CR2E034 (10/02)