

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 27 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103422

1. Entity Name

Secret of Sunrise, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3854 N. University Drive

3. Mailing Address

3854 N. University Drive

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Surprise Florida

City & State

Surprise Florida

4. FEI Number

65-1051409

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Marc A. Honorat

Street Address (P.O. Box Number is Not Acceptable)

1541 S.W. 87 Terrace

City Pembroke Pines

FL

Zip Code 33025

**DO NOT WRITE
IN THIS SPACE**

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]

8/20/02

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)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 President
NAME Soledad Honorat
STREET ADDRESS 3854 N. University Drive
CITY-ST-ZIP Sunrise, Florida 33351

TITLE Vice President
NAME Marc Honorat
STREET ADDRESS 3854 N. University Drive
CITY-ST-ZIP Sunrise, Florida 33351

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/02

Date

Expiring Phone #

CR2E0345 (12/02)

25 8/25/02