

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
May 30, 2001 8:00 am
Secretary of State05-07-2001 90020 001 ***150.00
05-30-2001 90031 046 ***150.00**DOCUMENT # P00000118046**

1. Entity Name

SUNRISE CLEANING INC.

Principal Place of Business

Mailing Address

**2725 SOUTHEAST EAGLE DRIVE
PORT ST LUCIE FL 34984****2725 SOUTHEAST EAGLE DRIVE
PORT ST LUCIE FL 34984**

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

☒ Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2001 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	NASIR, HAMAD	1820 NE JENSEN BEACH BLVD, #551	
		JENSEN BEACH FL 34957		

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

☐ Change ☐ 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 an officer like empowered.

SIGNATURE: *Hamad Nasir*


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
OFF P00000018046
A0312055

N & S PAINTING CONTRACTORS INC. 2725 SE EAGLE DRIVE PORT ST. LUCIE, FL 34984		5022 63-6418/25/0 BRANCH 001	
APRIL 26-01 DATE			
PAY TO THE ORDER OF DEPARTMENT OF STATE		\$ 150.00	
ONE HUNDRED FIFTY		DOLLARS A	
 Post Office, FL 34990		Hamad Sri	
FOR P00000018046			
1:26 7084 199:060000 1605084 5022			

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