

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90168 010 ***150.00

DOCUMENT # P01000035740



1. Entity Name
WELLPARK SUNRISE, INC.

Principal Place of Business
4201 NW 109TH TERR
SUNRISE FL 33351

Mailing Address
4201 NW 109TH TERR
SUNRISE FL 33351



2. Principal Place of Business
12152 NW 25th ST
Suite, Apt. #, etc.

3. Mailing Address
12152 N.W. 25th ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation FL
Zip
33323
Country

City & State
Plantation FL
Zip
33323
Country

4. FEI Number **65-1093144**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GISBERT, JUAN
4201 NW 109 TERR
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **JUAN GISBERT**
Street Address (P.O. Box Number is Not Acceptable)
12152 N.W. 25th ST
City **Plantation** **FL** **Zip Code** **33323**

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 **JUAN Gisbert P.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/21/03
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PSTD			
	GISBERT, JUAN			
	4201 N.W. 109 TERR			
	SUNRISE FL 33351			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **JUAN Gisbert P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 **954-888-1059**
Date **Daytime Phone #**

CR2E034 (10/02)