

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90117 023 ***150.00

DOCUMENT # P01000082676



1. Entity Name
SUNRISE SALES, INC.

Principal Place of Business
**10084 NW 53RD ST.
SUNRISE, FL 33351**

Mailing Address
**10084 NW 53RD ST.
SUNRISE, FL 33351**



2. Principal Place of Business
7558 W COMMERCIAL BL
Suite, Apt. #, etc.

3. Mailing Address
7558 W COMMERCIAL BL
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAUDERHILL FL 33319

City & State
LAUDERHILL FL

4. FEI Number **01-0557200**

Applied For
Not Applicable

Zip **33319** Country **USA**

Zip **33319** Country **USA**

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

HOARD, WILLIAM
10084 NW 53RD ST.
SUNRISE, FL 33351

Name

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

7558 W COMMERCIAL BL

City

LAUDERHILL FL

FL

Zip Code

33319

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 **William D. Hoard**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/03

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOARD, WILLIAM**
STREET ADDRESS **10084 NW 53RD ST.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7558 W COMMERCIAL BL**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **WILLIAM D. HOARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03
Date

(954) 947-8003
Daytime Phone #

CR2E034 (10/02)