

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096407

1. Entity Name
SUNRISE ROLLOFF SERVICES, INC.

Principal Place of Business
2669 FORREST HILL BLVD., SUITE 224
WEST PALM BEACH FL 33406

Mailing Address
2669 FORREST HILL BLVD., SUITE 224
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent.

MARRERO, CHRISTOPHER
2669 FORREST HILL BLVD., SUITE 224
WEST PALM BEACH FL 33406

4. FEI Number

05-1143574

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name MARRERO, CHRISTOPHER

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

2669 FOREST HILL BLVD., 240A

City WEST PALM BEACH

FL Zip Code 33406

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 the if applicable.

CHRISTOPHER N MARRERO

3/14/02

(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, 2002 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

TITLE	D	Delete
NAME	LICALZI, EDWARD	
STREET ADDRESS	2 WOODFIELD ROAD	
CITY-ST-ZIP	STONY BROOK NY 11790	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Change	Addition
NAME	MARRERO, CHRISTOPHER		
STREET ADDRESS	2669 FOREST HILL BLVD., #240A		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	Change	Addition
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER N MARRERO 3/14/02 561.471.

Date

Daytime Phone #

0808

FILED
May 30, 2002 8:00 am
Secretary of State

05-09-2002 90048 038 ***150.00

90091



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)