2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000009001

1. Entity Name

SUNRISE REALTY & INVESTMENT, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90389 027 ***150.00

							:				
Principal Place of Business 2500 N. UNIVERSITY DRIVE SUITE 15 SUNRISE FL 33322 US				Mailing Address 2500 N. UNIVERSITY DRIVE SUITE 15 SUNRISE FL 33322 US							
2. Principal Place of Business				3. Mailing Address					4 0)); 80 110 00 11 6 1 0 61} 1	MHH MULUE HIBI EBUI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. F	4. FEI Number			
Zip	Country				Coun	Country 5.		Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent								Name and Address of New Regi	stered Agent		
						Name			7874		
MITHAVAYANI, HUSSAIN A					Street Address (P.O. Box Number is Not Acceptable)						
2500 N. UNIVERSITY DRIVE SUITE 15											
SUNRISE FL 33322						City			FL Zip C	ode	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				- e				9. Election Campaign Finant Trust Fund Contribution.		5.00 May Be ded to Fees	
10.		OFFICERS AND		l BS	11.		AD	J DITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
TITLE	P	0.1.00.01.110		☐ Delete	TITLE				☐ Chan		
NAME	MITHAVAYANI, HUSSAIN A 2500 N. UNIVERSITY DRIVE, SUITI SUNRISE FL 33322					E					
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
TITLE	V			☐ Delete	TITLE			, , , , , ,	☐ Chan	ge Addition	
NAME	MITHAVAY	'ANI, SUAD H			NAM				_		
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
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NAME	ALLADY, I		·		NAMI	·		; , ; · (*			
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	SUNNISE	FL 33322		☐ Delete	TITLE				☐ Chan	ge	
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STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the						-ST-ZIP	Sonti	110.07/3/(i) Florido Statutas 15:	rther cartify that the	ne information	
12. Thereby o	certify that the	intormation supplied with	this filing	does not qualify for	the exe	mption stated in	section	1 19.07(3)(I), Florida Statutes. I fu	ruler certify that th	ne information	

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/0

954-572-7000

Daytime Phone #

CR2E034 (10/