


**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 040 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000084851</b>			
1. Entity Name <b>SUNRISE ENTERPRISES AND TRANSPORT SYSTEMS, INC.</b>			
Principal Place of Business <b>16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>		Mailing Address <b>16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>	
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 <b>MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA, FL 33054</b>		4. FEI Number <b>51-0478666</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEEKS, ALLEN 16201 NW 17TH PLACE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD HOLLINGER, CYNTHIA 16141 NW 17TH PLACE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: <i>Mildred Meeks</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>5/7/04</i> (305) 625-6199 Daytime Phone #	

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

Attachment

0642149

Attachment

DOCUMENT #	P03000084851
1. Entity Name	
Sunrise Enterprises and Transportation Systems, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16201 NW 17th Place	16201 NW 17th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Opa Locka, FL	Opa Locka, Florida	51-0478666	Not Applicable
Zip	Country	Zip	Country
33054	USA	33054	USA
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
Mildred Meeks	
Street Address (P.O. Box Number is Not Acceptable)	
16201 NW 17th Place	
City	Zip Code
Opa Locka	FL 33054

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: Mildred Meeks Mildred Meeks 4/17/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE	President/CEO/Chairperson of Board
NAME	Meeks, Allen
STREET ADDRESS	16201 NW 17th Place
CITY-ST-ZIP	Opa Locka, Florida 33054
TITLE	Treasurer/Director/Vice Chairperson
NAME	Mildred Meeks
STREET ADDRESS	16201 NW 17th Place
CITY-ST-ZIP	Opa Locka, Florida 33054
TITLE	Corporate Secretary/Director
NAME	Cynthia Hollinger
STREET ADDRESS	16141 NW 17th Place
CITY-ST-ZIP	Opa Locka, Florida 33054
TITLE	Board Advisor/Ex-officio
NAME	Clifton H. Rodriguez, CPA
STREET ADDRESS	3146 NW 68 Street, Suite No.1
CITY-ST-ZIP	Fort Lauderdale, Florida 33309-1206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

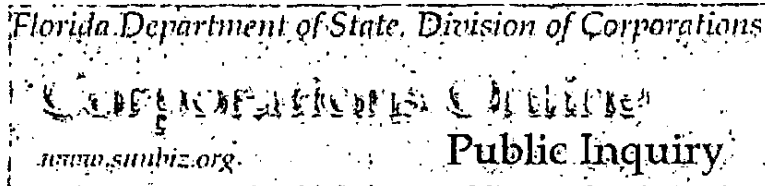
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: Allen Meeks Allen Meeks 4/17/2004 (305)625-6199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments - P03000084851



## Florida Profit

### SUNRISE ENTERPRISES AND TRANSPORT SYSTEMS, INC.

**PRINCIPAL ADDRESS**  
16201 NW 17TH PLACE  
OPA LOCKA FL 33054

**MAILING ADDRESS**  
16201 NW 17TH PLACE  
OPA LOCKA FL 33054

**Document Number**  
P03000084851

**FEI Number**  
NONE

**Date Filed**  
08/01/2003

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

## Registered Agent

Name & Address
MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA FL 33054

## Officer/Director Detail

Name & Address	Title
MEEKS, ALLEN 16201 NW 17TH PLACE OPA LOCKA FL 33054	PD
MEEKS, MILDRED 16201 NW 17TH PLACE OPA LOCKA FL 33054	TD
HOLLINGER, CYNTHIA 16141 NW 17TH PLACE OPA LOCKA FL 33054	SVD

## Annual Reports

66421491  
Attachments- P03000084851

Report Year	Filed Date
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Previous Filing

Return to List

Next Filing

No Events  
No Name History Information

### Document Images

Listed below are the images available for this filing.

08/01/2003 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry

Corporations Help