DOCUMENT # **P93000034404**

SUNRISE AIR, INC.

Principal Place of Business

5095 S.W. 82ND STREET MIAMI FL 33143-503

Mailing Address

200 S. BISCAYNE BLVD. 41ST FLOOR

MIAMI FL 33131-2398

3. Mailing Address					
3					
•					
Suite, Apt. #, etc.					
City & State					
2, 2. 3.2.3					



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						1 30011004 110	18688 11116 80119 80151 M	E (11 33100 11))))) 010 1 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					DO NOT WRITE IN THIS SPACE				
City & State			City & State		4.	FEI Number	65-0408450		⊢	oplied For ot Applicable	
Zip		Country	Zip	`Country ~	5.	Certificate of S	Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
			Name								
200 41\$1	KLOCK, JOSEPH P JR 200 S BISCAYNE BLVD 41ST FLOOR Street Address (P.O. Box Number is Not Acceptable)					····	 .				
MIAMI FL 33131-2398				Ci	ty			FL	Zip Cod	е	
8. The above	named entity	submits this statement for th	e purpose of changing its	registered of	fice or registered a	igent, or both, i	n the State of Flori	ida.			
				-							
SIGNATURE											
0.07.7.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTI	E: Registered Ager	nt 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!!! FE After MAY 1, 2001 Fe Make Check Payable to				01 Fee will	be \$550.00	1	on Campaign Fina Fund Contribution.	~ —		0 May Be I to Fees	
11.		OFFICERS AND DIF		12.		DDITIONS/CH	ANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	PSD	0.1.102.107.112.27	□ Delete	TITLE					Change	☐ Addition	
NAME	1	OSEPH P JR	Doloto	NAME							
STREET ADDRESS		. 82ND STREET		STREET ADI	DRESS						
CITY-ST-ZIP		33143-8503		CITY-ST-Z	IP						
TITLE	TAS		□ Delete	TITLE					☐ Change	Addition	
NAME	LOPEZ, IV	AN R	□ 00l0tg	NAME							
STREET ADDRESS		CAYNE BLVD		STREET ADI	DRESS						
CITY-ST-ZIP		33131-2398	ميد استين	CITY-ST-Z	IP	. ~-	 -				
TITLE	VSAT		☐ Delete	TITLE					Change	☐ Addition	
NAME		I-VOIGT, GABRIEL R		NAME	ŀ					_	
STREET ADDRESS		CAYNE BLVD 41ST FLOO)R	STREET ADD	DRESS						
CITY-ST-ZIP	1	33131-2398		CITY-ST-Z	IP						
TITLE	SAT		☐ Delete	TITLE	·				Change	☐ Addition	
NAME	OVIEDO, I	LUIS F		NAME					•	_	
STREET ADDRESS		SCAYNE BLVD.		STREET ADD	DRESS						
CITY-ST-ZIP	MIAMI FL			CITY-ST-Z	P						
TITLE			□ Delete	TITLE					Change	☐ Addition	

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 ther like empowered.

NAME

TITLE

NAME

Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

Daytime Phone #

Change

☐ Addition