2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90117 032 ***150.00

UUU22303

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000037725

1. Entity Name
SUNRISE ENTERPRISES, INC. OF PALM BEACH COUNTY

Principal Place of Business	Mailing Address
1170 DOLPHIN RD. SINGER ISLAND FL 33404	1170 DOLPHIN RD. SINGER ISLAND FL 33404

2. Principal Place of Business	3. Mailing Address
1165 N. Ocean Dr.	
Suite, Apt. #, etc.: F	Suite, Apt. #, etc.
City & State: Singer Island, FL	City & State
Zip: 33404 Country: U.S.A.	Zip Country

4. FEI Number 65-0419186 ☐ Applied For ☐ Not Applicable

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
BRASWELL, PAMELA 2655 N OCEAN DR SUITE 300 SINGER ISLAND FL 33404	Name: Street Address (P.O. Box Number is Not Acceptable): 1170 Dolphin Road City: Singer Island FL Zip Code: 33404

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 (X) Pamela Braswell
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRASWELL, PAMELA 1170 DOLPHIN RD SINGER ISLAND FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 (X) Pamela Braswell — 3-8-01 — 561-844-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #