

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90040 031 \*\*\*150.00

**DOCUMENT # P93000077095**

1. Entity Name

**SUNRISE INVESTMENT CORP.**

Principal Place of Business

Mailing Address

**799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131**

**799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131-2805**

2. Principal Place of Business

3. Mailing Address

**c/o GEORGE D. PERLMAN, P.A.**

**c/o GEORGE D. PERLMAN, P.A.**

Suite, Apt. #, etc. **Suite 3000**

Suite, Apt. #, etc. **Suite 3000**

**701 Brickell Avenue**

**701 Brickell Avenue**

City & State

City & State

**Miami, Florida**

**Miami, Florida 33131**

Zip

Country

**U.S.A.**

Zip

Country

**33131**

**U.S.A.**

4. FEI Number

**65-0476188**

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

**PERLMAN & ASSOCIATE, P.A.  
 799 BRICKELL PLAZA  
 SUITE 900  
 MIAMI FL 33131**

Name

**GEORGE D. PERLMAN, P.A.**

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

**701 Brickell Avenue**

**Suite 3000**

City

**Miami**

**FL**

Zip Code

**33131**

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 title if applicable.

**GEORGE D. PERLMAN, President**

(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, 2000 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 **PD** ☐ Delete  
 NAME **SAIAS, SALVADOR**  
 STREET ADDRESS **799 BRICKELL PLAZA SUITE 900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **SAIAS, SALVADOR**  
 STREET ADDRESS **c/o GEORGE D. PERLMAN, P.A.**  
 CITY-ST-ZIP **701 Brickell Ave., Suite 3000, Miami  
 Florida 33131**

TITLE **TD** ☐ Delete  
 NAME **SAIAS, RAUL S**  
 STREET ADDRESS **799 BRICKELL PLAZA SUITE 900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **SAIAS, RAUL S.**  
 STREET ADDRESS **c/o GEORGE D. PERLMAN, P.A.**  
 CITY-ST-ZIP **701 Brickell Ave., Suite 3000  
 Miami, Florida 33131**

TITLE **VPSD** ☐ Delete  
 NAME **DE SAIAS, PERLA**  
 STREET ADDRESS **799 BRICKELL PLAZA SUITE 900**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VPSD** ☒ Change ☐ Addition  
 NAME **DE SAIAS, PERLA**  
 STREET ADDRESS **c/o GEORGE D. PERLMAN, P.A.**  
 CITY-ST-ZIP **701 Brickell Ave., Suite 3000  
 Miami, Florida 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 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:

**SALVADOR SAIAS, President**

**4.23.2000**

Date

Daytime Phone #

CR#034 (9/99)