

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077095

1. Entity Name

SUNRISE INVESTMENT CORP.

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90043 013 \*\*\*150.00

Principal Place of Business

C/O GEORGE D PERLMAN  
701 BRICKELL AVE STE 3000  
MIAMI FL 33131  
US

Mailing Address

C/O GEORGE D PERLMAN  
701 BRICKELL AVE STE 3000  
MIAMI FL 33131  
US

2. Principal Place of Business

3. Mailing Address

C/O ENRIQUE VENTA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13764 SW 11 ST

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33184-2771

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, GEORGE D  
701 BRICKELL AVE  
STE 3000  
MIAMI FL 33131

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	SAIAS, SALVADOR	
STREET ADDRESS	701 BRICKELL AVE STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAIAS, RAUL S	
STREET ADDRESS	701 BRICKELL AVE STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DE SAIAS, PERLA	
STREET ADDRESS	701 BRICKELL AVE STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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 life empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR SAIAS, PRESIDENT 4/9/01

Date

Daytime Phone #

CR2E034 (10/00)