APR-12-2002 16:23 PERLMAN AND ASSOCIATES

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077085

1. Entity Name

Sunrise Investment Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/o E. Jiente	
Suite, Apt. #, etc. 13764 SW 11 St	Suite, Apt. #, etc.
City & State Miami Fl	City & State
Zip 33184 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0476188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Treasurer / Dir. Salvador Sains 13764 SW 11 St Miami Fl. 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Dir. Maria de Sains 13764 SW 11 ST Miami Fl. 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Raul St. Sains 13764 SW 11 ST Miami Fl. 33184
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CR2E084B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Salvador Sains 4/13/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #