## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 15, 2002 8:00 am Secretary of State P94000012323

**DOCUMENT #** 1. Entity Name 05-15-2002 90019 023 \*\*\*150.00 GOLDEN SUNRISE PROPERTIES, INC. Principal Place of Business Mailing Address C/O ARTHUR T. TENENBAUM & CO. C/O ARTHUR T. TENENBAUM & CO. 915 MIDDLE RIVER DR. SUITE 500 915 MIDDLE RIVER SR. SUITE 500 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0468102 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C/O ARTHUR T. TENENBAUM & COMPANY Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR SUITE 500 FT. LAUDERDALE FL 33304 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) Change | ☐ Addition NAME WILLIAMS, PRUDENLE A %A TENE NAME STREET ADDRESS 915 MIDDLE RIVER DR., SUITE 500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Y-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the elemption 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

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIF

Daytime Phone #