

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037577

1. Entity Name

SUNMARK REALTY ADVISORS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90251 017 ***150.00

Principal Place of Business

Mailing Address

399 W. PALMETTO PARK ROAD
SUITE 104
BOCA RATON FL 33432

399 W. PALMETTO PARK ROAD
SUITE 104
BOCA RATON FL 33432-3760

2. Principal Place of Business

3. Mailing Address

33 SE 7TH Street

33 SE 7TH Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE "D"

SUITE D

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip
33432

Country
US

Zip
33432

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0495758

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

KRINSKY, JAY
399 W. PALMETTO PARK ROAD
SUITE 104
BOCA RATON FL 33432

Name

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

33 SE 7TH Street
SUITE D

City

BOCA RATON, FL

Zip Code

33432

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

JAY KRINSKY, PRESIDENT

4/20/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT KRINSKY, JAY 399 W. PALMETTO PARK ROAD BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRINSKY, TINA J 399 W. PALMETTO PARK ROAD BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY KRINSKY, Pres.

Date

Daytime Phone #

4/20/00 561 392 9355