

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90060 001 ***150.00

DOCUMENT # P94000065506

1. Entity Name
SUNRISE CARPET CLEANING, INC.

Principal Place of Business
**2107 S.W. 12TH COURT
 DELRAY BEACH FL 33435**

Mailing Address
**2107 S.W. 12TH COURT
 DELRAY BEACH FL 33435**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2107 SW 12th Court

3. Mailing Address
2107 SW 12th Court

Suite, Apt. #, etc.
Delray Bch FL

Suite, Apt. #, etc.

City & State
33435

City & State
Delray Bch FL

4. FEI Number **65-0516045**

Applied For
 Not Applicable

Zip
Palm Bch

Zip
33445

Country
PBC

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

**ALEXANDER, JEAN
 2107 S.W. 12TH COURT
 DELRAY BEACH FL 33435**

Name
Same

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, 2002 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	D ALEXANDRE, JEAN 2107 S.W. 12TH COURT DELRAY BEACH FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **J. J. S. A. O. V. M. B. J. R.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 561-276-7278
 Date Daytime Phone #

CR2E034 (9/01)