

2001
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042016
1. Entity Name

Principal Place of Business
Sunrise Mortgage Service, Inc.
6701 Sunset Dr.
Suite 102
Miami, FL 33143

Mailing Address
6701 Sunset Dr.
Suite 102
So. Miami, FL 33143

FILED
01 APR 24 AM 10: 53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business
4141 N. Miami Avenue
Suite, Apt. #, etc.
#200
City & State
Miami, FL
Zip
33127
Country
USA

3. Mailing Address
4141 N. Miami Avenue
Suite, Apt. #, etc.
#200
City & State
Miami, FL
Zip
33127
Country
USA

4. FEI Number
650583946
Applied For
☐ **\$8.75 Additional Fee Required**

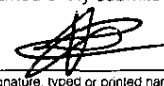
5. Certificate of Status Desired ☐

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sofia A. Navarrete
5435 SW 151 Place
Miami, FL 33185

7. Name and Address of New Registered Agent
Name Richard Kinlock
Street Address (P.O. Box Number is Not Acceptable)
4141 N. Miami Ave.
#200
City Miami FL Zip Code 33127

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** 4/20/01

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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST Sofia A. Navarrete 5435 SW 151 Place Miami, FL 33185 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/T/S Richard Kinlock 4141 N. Miami Ave #200 Miami, FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004163712-13 -05/08/01--01146--012 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **305-438-0775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)