

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90279 005 \*\*\*150.00

**DOCUMENT # P95000079774**

1. Entity Name

**SUNFLO EQUIPMENT, INC.**

Principal Place of Business

10185 COLLINS AVE.  
 1518  
 BAL HARBOUR FL 33154  
 US

Mailing Address

% LIANNE J. MOORE  
 2565 SHETLAND PARK ST. LAZARA  
 QUEBEC CANADA J0P-1W0-J7-T2B1  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

J7T 2B1

Country

4. FEI Number **98-0158924**

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

PERLOW, JEFFREY M  
 1820 E. HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009

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

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, 2001 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 ☐ Delete  
 NAME PD  
 STREET ADDRESS MOORE, LIANNE J  
 CITY-ST-ZIP 2565 SHETLAND PARK, ST. LAZARE  
 QUEBEC, CANADA J7-T2B1

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP J7T 2B1

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS MOORE, RICHARD W  
 CITY-ST-ZIP 1225 ROCKLAND  
 MT ROYAL, QUEBEC, CANADA H3-P2X9

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

LIANNE J. MOORE

JAN 22/01

514-333-1212

Date

Daytime Phone #

CR2E034 (10/00)