

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2002 90127 041 ***150.00

DOCUMENT # P95000087007

1. Entity Name
L.I. SUNRISE COMPANY

Principal Place of Business

Mailing Address

~~916 N.W. 3RD AVENUE~~
~~HOMESTEAD FL 33030~~

~~916 N.W. 3RD AVENUE~~
~~HOMESTEAD FL 33030~~

2. Principal Place of Business

3. Mailing Address

4100 EASTWOOD AVE

4100 EASTWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H 121

H 121

City & State

City & State

FT. MEYERS FL

FT. MEYERS FL

Zip

Country

Zip

Country

33916

USA

33916

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORDEN, IRENE E
916 N.W. 3RD AVENUE
HOMESTEAD FL 33030

Name

LUIS RAMIREZ

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

4100 EASTWOOD AVE # H 121

City

State

Zip Code

FT MEYERS

FL

33916

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-04-02

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	PD RAMIREZ, LUIS 916 N.W. 3RD AVENUE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BORDEN, IRENE E 916 N.W. 3RD AVENUE HOMESTEAD FL 33030	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 EASTWOOD AVE # H 121 FT. MEYERS, FL 33916
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
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-02

Date

941-6339985
Daytime Phone #

CR2E034 (9/01)