FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 06, 2001 8:00 am Secretary of State P96000052106 DOCUMENT # 1. Entity Name 07-06-2001 90199 006 \*\*\*550 00 SUNLAND BUILDING CORP Principal Place of Business Mailing Address 3910 SW 56 CT 3910 S W 56 CT FORT LAUDERDALE FL 33312-6228 FORT LAUDERDALE FL 33312-6228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0675413 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JUDY NORFORD-SUNDERLAND SUNDERLAND, PETER Street Address (P.O. Box Number is Not Acceptable) **4910 MADISON STREET** 3910 SW 56 CT HOLLYWOOD FL 33021 CIFT. LAUDERDALE 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 9. This corporation is eligible to satisfy its Intangible 1 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)DIRECTOR Change ☐ Addition TITLE ☐ Delete TITLE JUDITH NORFORD SUNDERLAND SUNDERLAND, JUDITH NAME NAME 3910 SW 56 CT **4910 MADISON STREET** STREET ADDRESS STREET ADDRESS 33312 6228 FT. LAUDERDALE FL. HOLLYWOOD FL 33021 CITY - ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME SUNDERLAND, PETER NAME STREET ADDRESS STREET ADDRESS **4910 MADISON STREET** CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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