

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90045 013 \*\*\*150.00

**DOCUMENT # P96000091338**

1. Entity Name

**SUNRISE DEVELOPMENT SERVICES, INC.**

Principal Place of Business

7610 NORTH CYPRESSHEAD DR  
 PARKLAND FL 33067  
 US

Mailing Address

7610 NORTH CYPRESSHEAD DRIVE  
 PARKLAND FL 33067-1666  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0713990**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEMENA, PHIL C.**  
**7610 NORTH CYPRESSHEAD DRIVE**  
**PARKLAND FL 33067**

7. Name and Address of New Registered Agent

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, 2000 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: **PCD**  Delete  
 NAME: **DEMENA, PHILIP C**  
 STREET ADDRESS: **7610 NORTH CYPRESSHEAD DRIVE**  
 CITY-ST-ZIP: **PARKLAND FL 33067**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **200 EL DORADO**  
 CITY-ST-ZIP: **PLANTATION, FL 33317**

TITLE: **VTD**  Delete  
 NAME: **PACINI, MICHAEL J**  
 STREET ADDRESS: **1620 NAN TUCKETT**  
 CITY-ST-ZIP: **HOUSTON TX 77057**

TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 CITY-ST-ZIP:  Change  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:

*Phil C. Demena*  
**PHILIP C. DEMENA** 3/15/00

Date

Daytime Phone #

**954-757-6688**

CR2E034 (9/99)