2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000091338** 1. Entity Name SUNRISE DEVELOPMENT SERVICES, INC. 03-21-2000 90045 013 ***150.00 Principal Place of Business Mailing Address 7610 NORTH CYPRESSHEAD DR 7610 NORTH CYPRESSHEAD DRIVE PARKLAND FL 33067-1666 PARKLAND FL 33067 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0713990 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEMENA, PHIL C. Street Address (P.O. Box Number is Not Acceptable) 7610 NORTH CYPRESSHEAD DRIVE PARKLAND FL 33067 City 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. DATE 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD TITLE Delete TITLE Change Addition DEMENA, PHILIP C NAME NAME STREET ADDRESS STREET ADDRESS 7610 NORTH CYPRESSHEAD DRØVE CITY-ST-ZIP CITY-ST-ZIF PARKLAND FL 33067 **Change** ☐ Addition ☐ Delete TITLE TITLE PACINI, MICHAEL J NAME NAME 200 ELOORADO PLANTATION, FL STREET ADDRESS 4520-NAN-TUCKETT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOUSTON TX 77051 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 situation address, with all other like empowered.

NAME

STREET ADDRESS

deMeNA

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY - S1 - 719

954-757-6688

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