

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 028 ***555.00

DOCUMENT # P96000103181

1. Entity Name
NEW SUNRISE PALMS, INC.

Principal Place of Business Mailing Address
3225 AVIATION AVENUE, STE. #700 **3225 AVIATION AVENUE, STE. #700**
COCONUT GROVE FL 33133 **COCONUT GROVE FL 33133**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **56-2007030** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOUSING TRUST GROUP OF FLORIDA LLC
3225 AVIATION AVENUE, STE. #700
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name **HEALTHTRUST AMERICA, LLC**
 Street Address (P.O. Box Number is Not Acceptable)
4101 Ravenswood Road
 City **Dania** **FL** Zip Code **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stewart Marcus*
 Signature, typed or printed name of registered agent and title if applicable.

Stewart Marcus, Director & VP
of HealthTrust America, LLC

Sept 13, 2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
 NAME **DPS**
 STREET ADDRESS **STEWART MARCUS**
 CITY-ST-ZIP **3225 AVIATION AVENUE, STE. #700**
COCONUT GROVE FL 33133

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **HARVEY ROFOFSKY**
 CITY-ST-ZIP **3225 AVIATION AVENUE, STE. #700**
COCONUT GROVE FL 33133

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **ROBERT E. BAND**
 CITY-ST-ZIP **3225 AVIATION AVENUE, STE. #700**
COCONUT GROVE FL 33133

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Stewart Marcus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stewart Marcus, Director Sept 13, 2002

Date

Daytime Phone #

CR2E034 (4/02)