

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90109 047 \*\*\*150.00

DOCUMENT # P97000005345

1. Entity Name

D & D SUNRISE ENTERPRISES CORP.

Principal Place of Business

12594 W SUNRISE BOULEVARD  
PLANTATION FL 33323  
US

Mailing Address

C/O GRUBER AND ASSOCIATES. P. A.  
1650 SOUTHEAST 17TH STREET #301  
FORT LAUDERDALE FL 33316-1735  
US

2. Principal Place of Business

12594 West  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0777180

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTI, ANTHONY J.  
400 NORTHEAST 45TH COURT  
FORT LAUDERDALE FL 33334

Name SAMP  
Street Address (P.O. Box Number is Not Acceptable)  
C/O GRUBER AND ASSOCIATES PA  
1650 Southeast 17th Street  
Fort Lauderdale FL 33316-1735

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 2/25/01

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, 2001 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 DP  
NAME DESANTIS, DAMON  
STREET ADDRESS 10780 NORTHWEST 18TH PLACE  
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

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

TITLE DVP  
NAME VALENTI, ANTHONY J.  
STREET ADDRESS 400 NORTHEAST 45TH COURT  
CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICE-PRES 2/26/01 954522222

CR2E034 (10/00)