

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90055 027 \*\*\*150.00

**DOCUMENT # P97000027620**

1. Entity Name

**SUNRISE BUILDING MAINTENANCE CORP.**

Principal Place of Business

Mailing Address

1050 S.W. 46 AVENUE  
 #303  
 POMPANO BEACH FL 33069

1050 S.W. 46 AVENUE  
 #303  
 POMPANO BEACH FL 33071-5433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1440 Coral Ridge Drive

Suite, Apt. #, etc.  
 334

City & State  
 Coral Springs, FL

Zip  
 33071

Country  
 USA

3. Mailing Address

1140 Coral Ridge Drive

Suite, Apt. #, etc.  
 334

City & State  
 Coral Springs, FL

Zip  
 33071

Country  
 USA

4. FEI Number

65-0749031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CRUPI, DAVID  
 1050 S.W. 46 AVENUE  
 #303  
 POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name  
 JAMES B. LYON, ESQ.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1881 University Drive  
 Suite 206  
 City  
 Coral Springs FL Zip Code  
 33071

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]*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
 APRIL 11, 2000

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 CRUPI, DAVID  
 1050 S.W. 46 AVENUE #303  
 POMPANO BEACH FL 33069 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Crupi, David  
 1440 Coral Ridge Dr., Suite 334  
 Coral Springs, FL 33071 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Feldman, Cary  
 1440 Coral Ridge Dr., Suite 334  
 Coral Springs, FL 33071 ☒ Change ☐ Addition

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

CR2E034 (9/99)