## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000031676** May 16, 2000 8:00 am Secretary of State 1. Entity Name SUNMARK PROPERTIES, INC. 05-16-2000 90005 015 \*\*\*150.00 Principal Place of Business Mailing Address 399 W. PALMETTO PARK RD., STE, 104 399 W. PALMETTO PARK RD., STE, 104 **BOCA RATON FL 33432** BOCA RATON FL 33432-3760 2. Principal Place of Business TH STREET 33 SE 7<sup>th</sup> street 33 SE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE کا الح Applied For 4. FEI Number 65-0743607 OCA RATON RATON Not Applicable \$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 KRINSKY, JAY Box Hymber is Not Acceptable) 399 W. PALMETTO PARK RD., STE. 104 **BOCA RATON FL 33432** his statement for the purpose of changing its registered office or registered agent, or both, 8. The above named entity submits Deside SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See enteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. DPT TITLE ☐ Change ☐ Addition TITLE ☐ Delete KRINSKY, JAY NAME NAME STREET ADDRESS STREET ADDRESS 399 W. PALMETTO PARK RD., STE. 104 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE □ Delete KRINSKY, BARRY B NAME STREET ADDRESS 399 W. PALMETTO PARK RD., STE. 104 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition ☐ Delete TITLE POLLOCK, EDWARD J NAME NAME STREET ADDRESS STREET ADDRESS 399 W. PALMETTO PARK RD., STE. 104 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO