

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086960

1. Entity Name

SUNRISE PROMOTIONS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90112 009 ***150.00

Principal Place of Business
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131-2610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.:

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0788032

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

STANHAM, NICHOLAS
520 BRICKELL KEY DRIVE SUITE 0-305
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME LOBO, IOVANNY
STREET ADDRESS 2011 RIVER RUN TERRACE 1348 Washington Ave
CITY-ST-ZIP MIAMI FL 33025 Mia, FL 33139

TITLE P/D/S
NAME Lobo; Iovanny
STREET ADDRESS 1348 Washington Avenue, #330
CITY-ST-ZIP Miami, FL 33139

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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:

Signature of Iovanny Lobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

305.588.8325

Daytime Phone #