

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90114 040 \*\*\*150.00

**DOCUMENT # P97000092580**

1. Entity Name  
**SUNRISE INTERNATIONAL ENTERPRISES, INC.**



Principal Place of Business  
**168 SE 1ST ST.  
# 1105  
MIAMI FL 33131**

Mailing Address  
**168 SE 1ST ST.  
# 1105  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address  
**2215 SW 24 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FL.**

Zip

Country

Zip

Country

**33145**

4. FEI Number **65-0790374**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PODBODY GARCIA, JACQUELINE  
2215 SW 24TH STREET  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003, Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **MONTEIRO, RICARDO SOARES**  
STREET ADDRESS **RUA DR MANOEL MARREIROS, 264 APT 302, ILHA**  
CITY-ST-ZIP **DO GOVERNADOR RIO DE JANEIRO**

TITLE **VSD** ☐ Delete  
NAME **PODBODY GARCIA, JACQUELINE**  
STREET ADDRESS **2215 SW 24TH STREET**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **GARCIA, DANIEL PODBODY**  
STREET ADDRESS **2215 SW 24 ST**  
CITY-ST-ZIP **MIAMI, FL 33145**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Daniel Podbody Garcia, President 2-13-03 (305) 858-7840**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0318494 AV

CR2E034 (10/02)