**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 21, 2003 8:00 am **Secretary of State** P97000100161 DOCUMENT # 1. Entity Name 01-21-2003 90506 029 \*\*\*158.75 SUNRISE PROPERTIES INC. Principal Place of Business Mailing Address 8230 SOUTHWEST 150TH DRIVE 8230 SOUTHWEST 150TH DRIVE MIAMI-FL-33158 -MIAMI FL 33158-2. Principal Place of Business 3. Mailing Address 15020 SW 74% 5020 SW 74K Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0798222 Miami, Miami Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 33158 - 2123</u> 15A - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name ALAM, NASIR M Street Address (P.O. Box Number is Not Acceptable) 8230 SW 150TH DR-MIAMI FL 33158 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 <u>N'ASIR</u> ALAM NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE TITLE ☐ Addition ☐ Delete ALAM, SHELLA NAME NAME STREET ADDRESS 8230 SOUTHWEST 150TH DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP TITLE SVD ☐ Delete TITLE ☐ Change Addition NAME ALAM, NASIR NAME STREET ADDRESS 8230 SOUTHWEST 150TH DRIVE STREET ADDRESS MIAMI FL 33158 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Addition - Delete TITLE - - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE TITLE Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

OURENASIR M. ALAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete