

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91573 025 ***150.00

DOCUMENT # P98000036228

1. Entity Name

RISINGSUN ENTERTAINMENT, INC.

Principal Place of Business

**9770 W. FERN LANE
 MIRAMAR FL 33025**

Mailing Address

**9770 W. FERN LANE
 MIRAMAR FL 33025**

2. Principal Place of Business

230 NW 183rd Street

3. Mailing Address

230 NW 183rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami florida

City & State

miami florida

Zip

Country

Zip

Country

33169

33169

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYN-MONTGOMERY, JACINTH

**9770 W. FERN LANE
 MIRAMAR FL 33025**

**230 NW 183 Street
 MIAMI, FL 33169**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LYN-MONTGOMERY, JACINTH	
STREET ADDRESS	9770 W. FERN LANE	2100 NW 99 Ave
CITY-ST-ZIP	MIRAMAR FL 33025	Pembroke Pines
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MCFARQUHAR, MAURICE	
STREET ADDRESS	9770 W. FERN LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BURRIS, WINSTON	
STREET ADDRESS	9770 W FERN LANE	230 NW 183 St
CITY-ST-ZIP	MIRAMAR FL 33025	Miami FL 33169
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 954 271 7317

Date

Daytime Phone #

CR2E034 (9/01)