

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079396

1. Entity Name

SUNRISE NORTH AMERICA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90991 037 ***150.00

Principal Place of Business

Mailing Address

6301 BISCAYNE BLVD 104
MIAMI FL 33138

6301 BISCAYNE BLVD 104
MIAMI FL 33166-6738

2. Principal Place of Business

7370 NW 36th. Street

Suite, Apt. #, etc.

Suite 325C

City & State

Miami, FL

Zip

33166

Country

US

3. Mailing Address

7370 NW 36th. Street

Suite, Apt. #, etc.

Suite 325 C

City & State

Miami, FL

Zip

33166

Country

US

4. FEI Number

65-0863004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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

TITLE PD
NAME BASSO, WILSON A
STREET ADDRESS 1547 NORTHWEST 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Basso, Valdemir
STREET ADDRESS 8160 Geneva Court Apt # A-310
CITY-ST-ZIP Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilson A. Basso

04-06-00 (305) 599-2250

Date

Daytime Phone #

CR2E034 (9/99)