

DOCUMENT # P98000098413

1. Entity Name

SUNRISE APIARIES, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 14 PM 3:39

Principal Place of Business

901 DIPLOMAT PARKWAY
HOLLYWOOD FL 33019

Mailing Address

901 DIPLOMAT PARKWAY
HOLLYWOOD FL 33019-2207
US

2. Principal Place of Business

SUNRISE Apiaries Inc.
Suite Apt. etc.
4630 45th Street
City & State
Vero Beach, Fla.
Zip
32967 Country
Indian River

3. Mailing Address

SUNRISE Apiaries Inc.
Suite Apt. etc.
4630 45th Street
City & State
Vero Beach, Fla.
Zip
32967 Country
Indian River

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0731198

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

KIPNIS, ALAN G ESQ
100 NE THIRD AVENUE
STE 610
FORT LAUDERDALE FL 33301

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 State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MARTINEZ, IVAN	
STREET ADDRESS	901 DIPLOMAT PARKWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Herbert J. Schneider	
STREET ADDRESS	1936 40th Ave	
CITY-ST-ZIP	Vero Beach, Fla. 32960	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000

Date

561-978-0066

Daytime Phone #

CR2E034 (9/99)