2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P99000000363

1. Entity Name

A.K. Sunrise, Inc.

Principal Place of Business

10770 N.W. 66 St. #105
Miami, FL 33178

Mailing Address

Same

938716

Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884899 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ana O. Monedero 10770 N.W. 66 St. #105 Miami, FL 33178	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES	
8/8/T Ana O. Monedero 10770 N.W. 66 St. #105 Miami, FL 33178 ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/99)

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   3-28-00   305-661-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #