

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 012 ***550.00

DOCUMENT # P99000004355

1. Entity Name
SUNRISE PAVERS, INC.

Principal Place of Business

**4777 NW 103 AVE
 SUNRISE FL 33351
 US**

Mailing Address

**4777 NW 103 AVE
 SUNRISE FL 33351
 US**



2. Principal Place of Business

11110 W. OAKLAND PARK BLVD

3. Mailing Address

11110 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

235

Suite, Apt. #, etc.

SUITE 235

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33351

Country

USA

Zip

33351

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONIK, ROSANGELA
 4851 NW 103RD AVE.
 SUNRISE FL 33351**

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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **DONIAK, ROSANGELA**
 STREET ADDRESS **11421 NW 29 MANOR**
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DONIAK, ROSANGELA** **ADDRESS ONLY**
 STREET ADDRESS **851 NW 91 TER**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-01 (954) 424-6338

Date

Daytime Phone #

CO2F034 (5/01)