

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036520

1. Entity Name

SUNRISE #2, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 031 ***150.00

Principal Place of Business

Mailing Address

42 MIRACLE MILE
CORAL GABLES, FL 33134

42 MIRACLE MILE
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-0915886

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY E. LEHRMAN
220 ALHAMBRA CIRCLE #801
CORAL GABLES - FL 33134

Name: EDUARDO PRUNA JR.
Street Address (P.O. Box Number is Not Acceptable):
42 MIRACLE MILE
City: CORAL GABLES FL Zip Code: 33134

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 re-instating)

EDUARDO PRUNA

4-18-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Delete
NAME	VERA, JORGE L.	
STREET ADDRESS	4551 S.W. 135 AVE.	
CITY-ST-ZIP	MIAMI-FL 33175	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	VERA, IRADDA	
STREET ADDRESS	4551 S.W. 135 AVE	
CITY-ST-ZIP	MIAMI-FL 33175	
TITLE	D/V/P	<input type="checkbox"/> Delete
NAME	PRUNA, EDUARDO	
STREET ADDRESS	11815 S.W. 35TH	
CITY-ST-ZIP	MIAMI-FL 33184	
TITLE	D/V/P/S	<input type="checkbox"/> Delete
NAME	PRUNA, EDUARDO, JR.	
STREET ADDRESS	11815 S.W. 35TH	
CITY-ST-ZIP	MIAMI-FL 33184	
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		
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

EDUARDO PRUNA

4-18-00

Date

Daytime Phone #