

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90111 007 ***150.00

620694

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000036520**
 1. Entity Name **SUNRISE 42 (DBA) ✓**
ACE FORMAL WEAR

Principal Place of Business Mailing Address
42 Miracle Mile 42 MIRACLE Mile
Corral Gables Fl CORAL GABLES FL 33134
33134

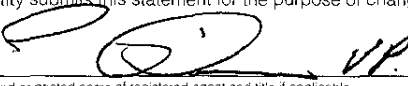
2. Principal Place of Business 3. Mailing Address
42 Miracle Mile SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL GABLES FL
 Zip Country Zip Country
33134 DADE

4. FEI Number Applied For
65-0915886 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jeffrey E. Lehman
220 ALHAMBRA Circle Suite 810
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name **EDUARDO PRUNA**
 Street Address (P.O. Box Number is Not Acceptable)
3836 SW 137 AVE
 City **MIA.** FL Zip Code **33175**

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  VP DATE **2/21/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	Jeffrey E. Lehman <input checked="" type="checkbox"/> Delete	220 ALHAMBRA Circle, Suite 810 CORAL GABLES FL, 33134		VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	EDUARDO PRUNA 3836 SW 137 AVE. MIA FL 33134
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  VP DATE **2/21/01** 305 775-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)