

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PP1000031388**

1. Entity Name **SUNRISE KEY, INC.**

FILED

00 JUN -9 PM 3:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address

**Dockside Apartments
Cloister Drive
Paradise Island, Nassau
Bahamas**

2. Principal Place of Business

2651 North Federal Hwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

Ft. Lauderdale, FL 33306

4. FEI Number

58-2474025

Applied For

Not Applicable

Zip

Country

Zip

Country

33306

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Tyler A. Gold, Esq.
2651 North Federal Hwy., #200
Ft. Lauderdale, FL 33306**

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. (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 **Director, Pres., Treasurer**
NAME **Uwe Kutz**
STREET ADDRESS **Dockside Apartments**
CITY-ST-ZIP **Cloister Drive***

TITLE *** Paradise Island** ☐ Change ☐ Addition
NAME **Nassau, Bahamas**

TITLE **Director, V.P., Sec'y** ☐ Delete
NAME **Willy Frey**
STREET ADDRESS **Dockside Apartments**
CITY-ST-ZIP **Cloister Drive***

TITLE *** Paradise Island** ☐ Change ☐ Addition
NAME **Nassau, Bahamas**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **300003297563--0**
STREET ADDRESS **-06/20/00--01064--013**
CITY-ST-ZIP ******550.00 ****550.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willy Frey

6-5-00

Date

Daytime Phone #

**954-565-
5577**

CR2E034 (9/99)