

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90098 016 ***150.00

DOCUMENT # P99000039528



1. Entity Name
SUNRISE MANAGEMENT, INC.

Principal Place of Business
12932 NW 10 STREET
MIAMI FL 33182

Mailing Address
12932 NW 10 STREET
MIAMI FL 33182

2. Principal Place of Business

800 LAVENDER CIR
Suite, Apt. #, etc.

3. Mailing Address

800 LAVENDER CIR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number **65-0921477**

Applied For
Not Applicable

Zip **33327** **Country** **BROWARD**

Zip **33327** **Country** **BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESPINO, KATIUSKA
12932 NW 10 STREET
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name **KATIUSKA ESPINO**

Street Address (P.O. Box Number is Not Acceptable)

800 LAVENDER CIR

City **WESTON** **FL** **Zip Code** **33327**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/9/2003**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINO, ERICH	
STREET ADDRESS	12932 NW 10 STREET	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPINO, KATIUSKA	
STREET ADDRESS	12932 NW 10 STREET	
CITY-ST-ZIP	MIAMI FL 33182	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINO, ERICH	
STREET ADDRESS	800 LAVENDER CIR.	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINO, KATIUSKA	
STREET ADDRESS	800 LAVENDER CIR	
CITY-ST-ZIP	WESTON, FL 33327	
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		

12. 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 10 or Block 11 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

Date

Daytime Phone #

3/9/2003 305 790-6777

CR2E034 (10/02)