

# 2000 UNIFORM BUSINESS REPORT (UBR)

71

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90078 050 \*\*\*550.00

**DOCUMENT # P99000055691**

1. Entity Name

**SUNRISE REAL ESTATE HOLDING CORP.** ✓

Principal Place of Business

Mailing Address

555 SW 148 AVE.  
 SUNRISE FL 33325

555 SW 148 AVE.  
 SUNRISE FL 33325

2. Principal Place of Business

3. Mailing Address

**555 SW 148 Avenue**

**SAME AS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**AS ABOVE**

City & State

City & State

**SUNRISE FL 33325**

Zip

Country

Zip

Country

**33325 USA**

4. FEI Number

Applied For

**65-0929582**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLANO, MANUEL R**  
**555 SW 148 AVE.**  
**SUNRISE FL 33325**

Name

**Dr. Michael Piercey**

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

**PRESIDENT**

**555 SW 148 ST AVENUE**

City

**SUNRISE**

FL

Zip Code

**33325**

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

**Michael C. Piercey, M.D.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/10/00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS PIERCEY, MICHAEL  
 CITY-ST-ZIP 555 SW 148 AVE.  
 SUNRISE FL 33325

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

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS LLANO, MANUEL R  
 CITY-ST-ZIP 555 SW 148 AVE.  
 SUNRISE FL 33325

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/00**

Date

**954 915-0474**

Daytime Phone #