AMENDED
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 AUG -5 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055691

1. Entity Name
SUNRISE REAL ESTATE HOLDING CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
555 SW 148 Ave.	P.O. Box 430740
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Sunrise, FL	City & State: Miami, FL
Zip: 33325 Country:	Zip: 33243-0740 Country:

4. FEI Number 65-0929582 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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)

January 1 - May 1 Fee is $150.00 After May 1 Fee is $550.00 Amended UBR is $61.25 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

TITLE	PD
NAME	Llano, Manuel R.
STREET ADDRESS	555 SW 148 Ave.
CITY-ST-ZIP	Miami, FL 33325

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CR2E034 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 7/26/2002 305 663-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/5/02