

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P99000062826

1. Entity Name

SUNRISE PAINTING & SERVICES, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90095 024 \*\*\*150.00

Principal Place of Business

9401 NW 26TH PLACE  
 SUNRISE FL 33322

Mailing Address

9401 NW 26TH PLACE  
 SUNRISE FL 33322-2843

2. Principal Place of Business

9401 NW 26 PL

3. Mailing Address

9401 NW 26 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

4. FEI Number

65-0933832

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ORDEN, FERNANDO  
 9401 NW 26TH PLACE  
 SUNRISE FL 33322

7. Name and Address of New Registered Agent

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

TITLE PSTD  
 NAME ORDEN, FERNANDO  
 STREET ADDRESS 9401 NW 26TH PLACE  
 CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K-18-00 (954) 676-2613