

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067508

1. Entity Name

SUNMARK PROPERTIES II, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90005 034 ***150.00

Principal Place of Business Mailing Address
 399 WEST PALMETTO PARK ROAD 399 WEST PALMETTO PARK ROAD
 SUITE 104 SUITE 104
 BOCA RATON FL 33432 BOCA RATON FL 33432-3760

2. Principal Place of Business 3. Mailing Address
 33 SE 7TH STREET 33 SE 7TH STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE D SUITE D

City & State City & State
 BOCA RATON, FL BOCA RATON, FL
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0936781
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 KRINSKY, JAY
 399 WEST PALMETTO PARK ROAD
 SUITE 104
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 33 SE 7TH STREET
 SUITE D
 City BOCA RATON, FL Zip Code 33432

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 JAY KRINSKY, PRESIDENT 4/20/00
 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. ☐ **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 | D | <input type="checkbox"/> Delete | TITLE | PT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRINSKY, JAY | | NAME | | |
| STREET ADDRESS | 399 WEST PALMETTO PARK ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | POLLOCK, EDWARD J | | NAME | | |
| STREET ADDRESS | 399 WEST PALMETTO PARK ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: JAY KRINSKY, Pres. 4/20/00 561 392-9355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)