## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000091308 Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** SUNNY PLAZA, INC. 07-13-2000 90017 030 \*\*\*150.00 Principal Place of Business Mailing Address 18815 N.E. 21 ST AVENUE 18815 N.E. 21ST AVENUE NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0955865 Not Applicable \$8.75 Additional Country Country 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEDER, LAWRENCE H Street Address (P.O. Box Number is Not Acceptable) 2450 HOLLYWOOD BLVD., STE. 401 **HOLLYWOOD FL 33020** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition | TITLE Delete TITLE Foder-Glaser NE 2) St Ave FEDER, LAWRENCE H NAME NAME 2450 HOLLYWOOD BLVD., #401 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change T/T/F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DO COS) 210-9312

changed, or on an attachment with a

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