

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

05-19-2001 90273 035 \*\*\*150.00

**DOCUMENT # S95617**

1. Entity Name

**SUNRISE ENTERPRISES CORPORATION**

Principal Place of Business

Mailing Address

1048 KANE CONCOURSE  
 SUITE 2B  
 BAY HARBOR FL 33154

1048 KANE CONCOURSE  
 SUITE 2B  
 BAY HARBOR FL 33154-2107

**A0062215**

2. Principal Place of Business

3. Mailing Address

**10220 SW 87 ST.**

**10220 SW 87 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami Florida**

City & State

**Miami Florida**

4. FEI Number

**65-0299042**

Applied For

Not Applicable

Zip

**33173**

Country

**USA**

Zip

**33173**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APRIL GADINSKY BOHATCH**  
**1048 KANE CONCOURSE**  
**SUITE 2B**  
**BAY HARBOR FL 33154**

Name **April Gadinsky Bohatch**

Street Address (P.O. Box Number is Not Acceptable)  
**10220 S.W. 87 ST.**

City **Miami**

**FL**

Zip Code

**33173**

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

*April Gadinsky Bohatch*

**April Gadinsky Bohatch** **4/2/01**

Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>APRIL GADINSKY BOHATCH</b>	
STREET ADDRESS	<b>1048 KANE CONCOURSE STE 2B</b>	
CITY-ST-ZIP	<b>BAY HARBOR FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>April Gadinsky Bohatch</b>	
STREET ADDRESS	<b>10220 SW 87 ST</b>	
CITY-ST-ZIP	<b>Miami Florida 33173</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*April Gadinsky Bohatch*  
**April Gadinsky Bohatch**

**4/2/01**

Date

**305 466 9249**

Daytime Phone #

CR2E034 (9/99)