

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90034 003 ***150.00

DOCUMENT # V11402

1. Entity Name
SUNRISE ESTATE INC.

Principal Place of Business

**777 BRICKELL AVE.
5TH FLOOR
MIAMI FL 33131
US**

Mailing Address

**777 BRICKELL AVE.
5TH FLOOR
MIAMI FL 33131
US**

2. Principal Place of Business

1001 Brickell Bay Dr.

3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite 2908

Suite, Apt. #, etc.

Suite 2908

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0320412

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CANTOR, STEVEN L ESQ
777 BRICKELL AVE.
5TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
SLC Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Dr., Ste. 2908
City
Miami FL Zip Code
33131

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PIGNATELLI, FEDERICO 777 BRICKELL AVE. 5TH FLOOR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pignatelli, Federico 1001 Brickell Bay Dr., Ste. 2908 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/1/2002

Date

305-314-3886

Daytime Phone #

CR2E034 (9/01)