

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND  
FILED

00 APR -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # Z00068

1. Entity Name  
SUNRISE VILLAGE MOBILE HOME PARK, L.C.

Principal Place of Business

14500 S.W. 280TH STREET  
HOMESTEAD FL 33032

Mailing Address

554 NE 1ST AVENUE  
FLORIDA CITY FL 33034-3523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0087716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIFF, MELVYN D  
554 NE 1ST AVENUE  
FLORIDA CITY FL 33034

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
RIFF, MELVYN D  
STREET ADDRESS 554 NE 1ST AVENUE  
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
MGRM  
RIFF, SUE D  
STREET ADDRESS 554 NE 1ST AVENUE  
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)