

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50497**

1. Entity Name

SUNSET PALMS HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90017 040 ****61.25

A002041

Principal Place of Business

Mailing Address

**10875 SW 76 ST.
MIAMI FL 33173
US****C/O MIAMI MANAGEMENT
14275 SW 142 AVE.
MIAMI FL 33186-6715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398373Applied
Not Applied

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI FL 33134**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P
JEFFERS, BARBARA
10817 SW 74 STREET
MIAMI FL 33173**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VPD
ZAMORANO, ALBERT
7445 SW 108 AVE.
MIAMI FL 33173**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VPD
SARMIENTO, ALBERTO
7511 SW 108 AVE.
MIAMI FL 33173**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
LANDIA-GONZALEZ, BELKYS
7521 SW 108 AVE
MIAMI FL 33173**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MEDEROS, LIDIA
10834 SW 74 ST
MIAMI FL 33173**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara M. Jeffers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/31/00 305-442-3331**
Date Daytime Phone #