

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90191 001 \*\*\*150.00  
 05-05-2002 90191 002 \*\*\*\*\*8.75

**DOCUMENT # P93000034553**

1. Entity Name  
**NEW SUNSET PROPERTY CORP.**

Principal Place of Business

**9195 SUNSET DR  
 SUITE 210  
 MIAMI FL 33173**

Mailing Address

**9195 SUNSET DR  
 SUITE 210  
 MIAMI FL 33173**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9195 Sunset Drive**

3. Mailing Address

**9195 Sunset Drive**

Suite, Apt. #, etc.

**Suite # 210**

Suite, Apt. #, etc.

**Suite # 210**

City & State

**Miami - FL**

City & State

**Miami - FL**

4. FEI Number

**65-0416514**

Applied For

Not Applicable

Zip

Country

**33173-3488**

**Dade**

Zip

Country

**33173-3488**

**Dade**

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

**LOMAN, JEFFREY M.D.**

**9195 SUNSET DR**

**SUITE 210**

**MIAMI FL 33173**

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 of ~~agent~~ or ~~individual~~ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**P**  
 NAME **LOMAN, JEFFREY A DR**  
 STREET ADDRESS **9195 SUNSET DR SUITE 210**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP**  
 NAME **MUINA, BARBARA M DR**  
 STREET ADDRESS **9195 SUNSET DR SUITE 210**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey A. Loman* **JEFFREY A. LOMAN** 4/30/02-3052719065  
 MDRP. Daytime Phone #

20020301

CR2E034 (9/01)