

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90022 008 \*\*\*150.00

**DOCUMENT # P97000096164**

1. Entity Name  
**DESERT SUN IMPORTS INC.**

Principal Place of Business: **5654 SARAH AVE. SARASOTA FL 34233 US**  
 Mailing Address: **5654 SARAH AVE. SARASOTA FL 34233-3444 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **4023 Sawyer Rd. #106**

City & State: **SARASOTA FLORIDA**

Zip: **34233** Country: **US**

4. FEI Number: **65-0799382**  
 Applied For:  Not Applicable

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**

**SIMON, RONALD J  
 2153 CHEYNN AVE  
 NORTHPORT FL 34286**

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

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	PD	<input type="checkbox"/> Delete
NAME	<b>SIMON, RONALD J</b>	
STREET ADDRESS	<b>2153 CHEYNN AVE</b>	
CITY-ST-ZIP	<b>NORTHPORT FL 34286</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>SIMON, GARY T</b>	
STREET ADDRESS	<b>229 ALGIERS DR</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>SIMON, ALBERT</b>	
STREET ADDRESS	<b>3130 CHESTNUT RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</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"/> Change <input type="checkbox"/> Addition
NAME		
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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 another like empowered.

SIGNATURE: **SIMON, RONALD J**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/29/00** Daytime Phone #: **94022-4192**