

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759171

1. Entity Name

SUNSET ISLANDS PROPERTY OWNERS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90039 012 ****61.25

Principal Place of Business

Mailing Address

C/O MARVIN M. GREEN
627 - 71ST STREET
MIAMI BEACH FL 33141

C/O MARVIN M. GREEN
627 - 71ST STREET
MIAMI BEACH FL 33141-3019

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

59-0794782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00007839



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, MARVIN M.
627 - 71ST STREET
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS FROMBERG, MALCOLM
CITY-ST-ZIP 1771 NORTH VIEW DRIVE
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME TD
STREET ADDRESS GREEN, MARVIN M
CITY-ST-ZIP 2525 LUCERNE AVE
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME T
STREET ADDRESS DAN, LEWIS
CITY-ST-ZIP 1635 W 27. STREET
MIAMI BCH FL 33140

TITLE ☐ Delete
NAME S
STREET ADDRESS PETERSON, ELLEN
CITY-ST-ZIP 2560 SUNSET DR
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/2000

305 5384017

CR2E037 (9/99)