

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90039 012 ****61.25

DOCUMENT # 708235

1. Entity Name

SUNSET ISLANDS 3 AND 4 PROPERTY OWNERS, INC.

Principal Place of Business

Mailing Address

2003 SUNSET DRIVE
MIAMI BEACH FL 33140
US2125 LAKE AVENUE
MIAMI BEACH FL 33140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2347751

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INGRAHAM, WILLIAM A. JR.
4141 NE 2ND AVENUE
203C
MIAMI FL 33137

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 \$61.259. 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 PD
NAME RABIN, AMY
STREET ADDRESS 1420 W. 22ND ST.
CITY-ST-ZIP MIAMI FL 33140 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME HABER, DAVID
STREET ADDRESS 1831 W. 23 ST.
CITY-ST-ZIP MIAMI FL 33140 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VP
NAME WEINER, GARY
STREET ADDRESS 2142 BAY AVE.
CITY-ST-ZIP MIAMI BEACH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ASD
NAME KARP, NANCY
STREET ADDRESS 1420 W. 23ST
CITY-ST-ZIP MIAMI FL 33140 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TR
NAME KAUFMAN, DANA
STREET ADDRESS 2003 SUNSET DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

2-0402 305 5765840

Date

Daytime Phone #

CR2E037 (9/01)