

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90005 020 \*\*\*158.75

**DOCUMENT # P97000060941**

1. Entity Name

**SUNSET LAKES EQUITIES, INC.**

Principal Place of Business

**444 BRICKELL AVENUE  
 SUITE 51-246  
 MIAMI FL 33131  
 US**

Mailing Address

**444 BRICKELL AVENUE  
 SUITE 51-246  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

**444 BRICKELL AVENUE**

3. Mailing Address

**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

**# 51-246**

Suite, Apt. #, etc.

**#51-246**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**US**

Zip

**33131**

Country

**US**

4. FEI Number

**65-0826670**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.  
 100 SE 2ND STREET  
 SUITE 2315-A  
 MIAMI FL 33131**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CALVO, JOSE T LOMAS DE LAS MERCEDES, PENTHOUSE D CARACAS 1061, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PEREZ, GERARDO 444 BRICKELL AVENUE, S. 51-446 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PEREZ, GERARDO 444 BRICKELL AVENUE, #51-246 MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED, PEREZ**

**04/26/02**

**(305) 358-4441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)