

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90763 001 \*\*\*450.00

0273204 AV

<b>DOCUMENT # 455665</b>			
1. Entity Name <b>SUNSET OIL COMPANY</b>			
Principal Place of Business <b>9701 SW 72 ST MIAMI FL 33173</b>		Mailing Address <b>9701 SW 72 ST MIAMI FL 33173</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PASSMORE, ROBERT N</b> <b>9701 SW 72 ST</b> <b>MIAMI FL 33173</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State Zip Code <b>FL</b>	
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 <u><i>Robert N. Passmore</i></u> <u><i>Robert</i></u> <u><i>3/26/02</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	<b>PASSMORE, ROBERT N.</b>		
STREET ADDRESS	<b>27151 S.W. 192ND AVE.</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>		
TITLE	NAME <input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Delete		
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STREET ADDRESS			
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TITLE	NAME <input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <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 all other like empowered.			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

**SIGNATURE:** *Misty Passmore* *Misty Passmore* *3/26/02* *305-595-3711*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #