

2001 UNIFORM BUSINESS REPORT (UBR)

0008460 AF

DOCUMENT # **A08545**

1. Entity Name

SUNWEST, LTD.

Principal Place of Business

P.O. BOX 1119
PALM BEACH FL 33480

Mailing Address

P.O. BOX 1119
PALM BEACH FL 33480

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

BRÄMNICK, MARIO
9050 PINES BLVD., #450
PEMBROKE PINES FL 33024

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$23,000.00

Amount of Capital Contributions
in FLORIDA to date.

7000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **650991**
NAME **MARCAZ CORP.**
STREET ADDRESS **P.O. BOX 1119**
CITY-ST-ZIP **PALM BEACH FL 33480**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **500004323775--4**
CITY-ST-ZIP **-05/25/01--01077--023**
******141.25 ****141.25**

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

FILED
01 MAY -1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MARCAZ CORP. Partner
Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-01 954-4300220

CR2E00241/00