

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002563

1. Entity Name

C.P. REST SUNSET, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 013 ***550.00

Principal Place of Business

5701 SUNSET DRIVE
SUITE 136
SOUTH MIAMI FL 33143

Mailing Address

5701 SUNSET DRIVE
SUITE 136
SOUTH MIAMI FL 33143

2. Principal Place of Business

5701 SUNSET DRIVE
Suite, Apt. #, etc.
SUITE # 136

3. Mailing Address

127 7TH AVENUE
Suite, Apt. #, etc.

City & State

SOUTH MIAMI FLORIDA

City & State

NEW YORK NY

Zip

33143

Country

USA

Zip

10011

Country

USA

4. FEI Number

13-4004908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPST
NAME LUONGO, GIUSEPPE
STREET ADDRESS 127 SEVENTH AVE.
CITY-ST-ZIP NEW YORK NY 10011 ☐ Delete

TITLE ~~CEO~~
NAME ~~MARIUS~~
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CFO
NAME MARIUS BERCOVICI
STREET ADDRESS 127 7TH AVE
CITY-ST-ZIP NY NY 10011 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIUS BERCOVICI 8/29/00 212-467-1000

Date

Daytime Phone #

CR2E034 (5/00)