

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001136

1. Entity Name

SUNSET RANCHES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90122 005 ***150.00

A0045746

Principal Place of Business

Mailing Address

13301 E. MILE ROAD
WARREN, MI 48089

13301 E. MILE ROAD
WARREN, MI 48089

2. Principal Place of Business
9400 S. DADELAND BLVD.

3. Mailing Address
9400 S. DADELAND BLVD.

Suite, Apt. #, etc.
605

Suite, Apt. #, etc.
605

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
74-2667121

Applied For
Not Applicable

Zip Country
33156 USA

Zip Country
33156 USA

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

GIACALONE, JACK W.
9400 S. DADELAND BLVD., STE 605
MIAMI, FL 33156

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KUCHARCZYK, JOHN 13301 E. EIGHT MILE RD WARREN, MI 48089 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GIACALONE, JOSEPH A. 13301 E. EIGHT MILE ROAD WARREN, MI 48089 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GIACALONE, JACK W. 9400 S. DADELAND BLVD, STE 605 MIAMI, FL 33156 | <input checked="" type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

JACK W. GIACALONE

(305) 670-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)