

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90287 005 \*\*\*150.00

**DOCUMENT # K68693**

1. Entity Name

**SUNSET PARK INVESTMENTS, INC.**

Principal Place of Business

**1990 N.W. 82ND AVENUE  
MIAMI FL 33126  
US**

Mailing Address

**1990 N.W. 82ND AVENUE  
MIAMI FL 33126  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0103686**

Applied For

☒ Not Applicable5. 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

**MATTIOLI, VINCENZO  
1990 NW 82 AVENUE  
MIAMI FL 33126**

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MATTIOLI, VINCENZO	1990 NW 82ND AVE	MIAMI FL 33126							
	VT			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	RINCON, ROBERTO	1990 NW 82ND AVE	MIAMI FL 33126							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

ROBERTO RINCON

04/18/01

(305) 594-7644

Date

Daytime Phone #

CR2E034 (10/00)