## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L15667

Entity Name: WEST SUNSET, INC.

FILED Jan 30, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8390 NW 53RD ST., SUITE 314 9100 S DADELAND BLVD MIAMI, FL 33166

**SUITE 1412** MIAMI, FL 33156

**Current Mailing Address: New Mailing Address:** 

8390 NW 53RD ST., SUITE 314 9100 S DADELAND BLVD

MIAMI, FL 33166 SUITE 1412 MIAMI, FL 33156

FEI Number: 65-0144442 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENENDEZ, PEDRO MENENDEZ, PEDRO 8390 NW 53RD STREET, SUITE 314 9100 S DADELAND BLVD

SUITE 1412 MIAMI, FL 33166 MIAMI, FL 33156

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: MENENDEZ, PEDRO 01/30/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MENENDEZ, PEDRO, MENENDEZ, PEDRO Name: Name:

435 LEUCADENDRA DRIVE 435 LEUCADENDRA DRIVE Address: Address: City-St-Zip: COARAL GABLES, FL City-St-Zip: COARAL GABLES, FL 33156

Title: DS Title: DSV (X) Change ( ) Addition () Delete GARCIA, HORATIO. Name: GARCIA, HORACIO

Name: 6850 RIVIERA DR Address: 6850 RIVIERA DR Address: CORAL GABLES, F CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MENENDEZ, PEDRO DP 01/30/2003