2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95057

1. Entity Name

MEMORIAL SUNSET PARK, INC.

Principal Place of Business

Mailing Address

11655-S.W. 117TH AVENUE MIAMI FL 33186...

1201 S ORLANDO AVE

STE 365

WINTER PK FL 32789

HS

2. Principal Place of Business 14001

Suite, Apt. #, etc.

City & State HIAMI

784 SI

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

4. FEI Number

5. Certificate of Status Desired

65-0103104

7. Name and Address of New Registered Agent

Applied For Not Applicable

TUTU

\$8.75 Additional Fee Required

DATE

FILED Feb 06, 2001 8:00 am

Secretary of State

02-06-2001 90079 001 *5.700.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Name

Country

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PAS TITLE TITLE ☐ Delete ROMANCH, GABRIEL NAME NAME STREET ADDRESS STREET ADDRESS 8200 BIRD ROAD CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change ☐ Addition Delete TITLE TITLE ROWE, WILLIAM E NAME NAME STREET ADDRESS STREET ADDRESS 110 VETERANS MEMORIAL BLVD CITY-ST-ZIP CITY-ST-ZIP **METAIRIE LA 70005** ☐ Addition ☐ Change DVAS ☐ Delete TITLE TITLE HEFFRON, BRENT F NAME NAME STREET ADDRESS STREET ADDRESS 1201 S ORLANDO AVE #365 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition ☐ Change TITLE TITLE Delete BUDDE, KENNETH C NAME 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA AS ☐ Delete TITLE ☐ Change ☐ Addition TITLE TRAHAN, LORALICE A NAME NAME 110 VETERANS MEMORIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **METAIRIE LA 70005** ☐ Change ☐ Addition TS ☐ Delete TITLE TITLE FRIOU, THOMAS H NAME NAME STREET ADDRESS 1201 S ORLANDO AVE #365 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information suindicated on this report or suppleme of the corporation or the receiver of changed, or on an attachment with h address, with all other like empowered

SIGNATURE:

SIGNATURE A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brent F. Heffron 1/31/01

Date

407-740-7000

Daytime Phone #