

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90926 001 \*5,550.00

0652975 AT

**DOCUMENT # M95057**

1. Entity Name  
**MEMORIAL SUNSET PARK, INC.**



Principal Place of Business  
**14001 NW 178TH STREET  
HIALEAH FL 33015**

Mailing Address  
**ATTN : SALT  
PO BOX11250  
NEW ORLEANS LA 70181-1250  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0103104**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAS ROMANCH, GABRIEL 8200 SW 40TH ST MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, WILLIAM E 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS HEFFRON, BRENT F 1201 S ORLANDO AVE #365 WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD BUDDE, KENNETH C 110 VETERANS MEMORIAL BLVD METAIRIE LA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TRAHAN, LORALICE A 110 VETERANS MEMORIAL BLVD METAIRIE LA 70005</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS FRIOU, THOMAS H 1201 S ORLANDO AVE #365 WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
See attached sheet for complete list of Officers/Directors	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loralice A. Trahan*

Loralice A. Trahan - Assistant Secretary

4/30/03

Date

504-837-5880

Daytime Phone #

CR2E034 (10/02)

# ATTACHMENT

Memorial Sunset Park, Inc.

2003 Florida Uniform Business Report

Document # M95057

55037491

## Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Gabriel E. Romanach	President and Assistant Secretary	8200 S.W. 40th Street, Miami, FL 33155
Brent F. Heffron	Executive Vice President/Asst Sec	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
William E. Rowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	Vice President	110 Veterans Memorial Blvd., Metairie, LA 70005
Thomas H. Friou	Secretary and Treasurer	1201 S. Orlando Ave., Suite 365, Winter Park, FL 32789
Loralice A. Trahan	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	Asst. Secretary/Asst. Treasurer	110 Veterans Memorial Blvd., Metairie, LA 70005

## Directors

<u>Name</u>	<u>Address</u>
William E. Rowe	110 Veterans Memorial Blvd., Metairie, LA 70005
Brian J. Marlowe	110 Veterans Memorial Blvd., Metairie, LA 70005
Kenneth C. Budde	110 Veterans Memorial Blvd., Metairie, LA 70005