

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90084 037 ****61.25

DOCUMENT # N16541

1. Entity Name

SUNSET ACRES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3281 SW 18 TERR
 MIAMI FL 33145
 US

PO BOX 654206
 MIAMI FL 33265-4206
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0065999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, RAFAEL E
3281 SW 18 TERR
MIAMI FL 33145

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PD~~ Delete
 NAME **RUIZ, RAFAEL E**
 STREET ADDRESS **3281 SW 18 TERR**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ~~VPD~~ Change Addition
 NAME **RUIZ, RAFAEL E**
 STREET ADDRESS **3281 SW 18 TERR.**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ~~VPD~~ Delete
 NAME **RANDOLPH, HERB**
 STREET ADDRESS **136 SUNSET LANE**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ~~PD~~ Change Addition
 NAME **RANDOLPH, HERB**
 STREET ADDRESS **136 SUNSET LANE**
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE ~~SD~~ Delete
 NAME **SILVA, FERNANDO**
 STREET ADDRESS **9350 SW 92 AVE.**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ~~SD~~ Change Addition
 NAME **SILVA, FERNANDO**
 STREET ADDRESS **13955 SW 107 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33186-3146**

TITLE ~~VTD~~ Delete
 NAME **VILLALOBOS, CARLOS**
 STREET ADDRESS **4021 N.W. 60 AVENUE**
 CITY-ST-ZIP **VIRGINIA GARDENS FL 33166**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~TD~~ Delete
 NAME **MACIAS, LUIS**
 STREET ADDRESS **10750 NW 66 ST APT 103B**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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:

Luis E. Macias - Treas 4/22/00 (305) 485-3345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)