

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005565

1. Entity Name

RED SUNSET MERCHANTS ASSOCIATION OF SOUTH MIAMI,

Principal Place of Business

7103 S.W. 102 AVENUE #A
MIAMI FL 33173

Mailing Address

7103 S.W. 102 AVENUE #A
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0987639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAKS, DEBORAH R ESQ.
7103 S.W. 102 AVENUE #A
MIAMI FL 33173

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES, ALEX	
STREET ADDRESS	5850 SUNSET DRIVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, GASTON	
STREET ADDRESS	5859 S.W. 73 STREET	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, LORIE	
STREET ADDRESS	5855 SUNSET DRIVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VILAR, HENRY	
STREET ADDRESS	5861 SUNSET DRIVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, ROY	
STREET ADDRESS	5817 SUNSET DRIVE	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKS, JOHNATHAN	
STREET ADDRESS	7216 RED ROAD	
CITY-ST-ZIP	S. MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Silver	
STREET ADDRESS	5744 Sunset Drive	
CITY-ST-ZIP	S. MIAMI, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis Sibley	
STREET ADDRESS	5750 Sunset Drive	
CITY-ST-ZIP	S. MIAMI, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Johnathan Oaks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnathan Oaks
V.P. and Director

Date

(305) 271-8282

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90176 038 *****61.25

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DO NOT WRITE IN THIS SPACE

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