

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003473

1. Entity Name  
SUNSET DOLLAR + DISCOUNT CORP.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90919 019 \*\*\*150.00

Principal Place of Business

~~0073 SW 167 CT.~~  
~~MIAMI FL 33196~~

*BOTH*  
18600 S.W. 100 ST.  
MIAMI, FL. 33196

Mailing Address

~~0073 SW 167 CT.~~  
~~MIAMI FL 33196~~

*NEW Address*

2. Principal Place of Business

18600 SW 100th ST

Suite, Apt. #, etc.

3. Mailing Address

18600 SW 100th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip 33196

Country US

City & State

MIAMI FL

Zip 33196

Country US

4. FEI Number

65-0979042

Applied For

Not Applicable

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

MORALES, JORGE G

~~0073 SW 167 CT.~~  
~~MIAMI FL 33196~~

*NEW ADDRESS*  
18600 S.W. 100 ST.  
MIAMI, FL-33196

Name

MORALES, JORGE G

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

18600 SW 100th ST

City

MIAMI

FL

Zip Code

33196

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES, JORGE G	
STREET ADDRESS	0073 SW 167 CT.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, JORGE G	
STREET ADDRESS	18600 SW 100th ST	
CITY-ST-ZIP	MIAMI, FL 33196	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)