

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD10001030-27**

1. Entity Name

Sunset Trucking Express

Principal Place of Business

Mailing Address

**1196 NW 16 St
Homestead FL 33030**

FILED

02 DEC 16 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1196 NW 16 St

3. Mailing Address

SAN2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

SAN2

Zip **33030**

Country

Zip

Country

4. FEI Number

65-1146680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARIA GUNN
1196 NW 16 ST
Homestead, FL 33030**

7. Name and Address of New Registered Agent

Name

SAN2

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

Maria Gunn

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.
(See criteria on back) ☐

**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 ☐ Delete
NAME **PRES. MARIA GUNN**
STREET ADDRESS **SAME IS ABOVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V.P. Jorge A. Lavastida**
STREET ADDRESS **SAME IS ABOVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Maria Gunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUNSET TRUCKING EXPRESS
1196 nw 16 ST
HOMESTEADS FL, 33030

PLEASE FIND ENCLOSE THE FORM OF UNIFORM BUSINESS REPORT
FOR RENUAL
PLEASE BE ADVISE THAT WE NEVER RECIVE THE RECORD FOR 2001
also FIND\$ 150.00 dollars FOR RENUAL.

Afaria Gumm.
President