

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010660

1. Entity Name  
**SUNSET CENTER CORPORATION**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90014 010 \*\*\*150.00

Principal Place of Business Mailing Address  
10300SW 72 ST 10300SW 72 ST  
SUITE 130 SUITE 130  
MIAMI FL 33173 MIAMI FL 33173

3 1 2 2 3 1



DO NOT WRITE IN THIS SPACE

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 **65-0385382** 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**

**WASERSTEIN, RICHARD**  
**913 NORMANDY DR**  
**MIAMI BEACH FL 33141**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	FRAYND, GERMAN	
STREET ADDRESS	21150 BISCAYNE BLVD #302	
CITY-ST-ZIP	AVENTURA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WASERSTEIN, CHARLES	
STREET ADDRESS	9509 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WASERSTEIN, MARTA	
STREET ADDRESS	9509 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WASERSTEIN, ALAN	
STREET ADDRESS	9509 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	21150 BISCAYNE BLVD #302	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, ALAN	
STREET ADDRESS	21150 BISCAYNE BLVD 302	
CITY-ST-ZIP	AVENTURA FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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 reports 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR