

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90007 032 ***150.00

0619958

DOCUMENT # P92000010660

1. Entity Name
SUNSET CENTER CORPORATION

Principal Place of Business 10300SW 72 ST SUITE 130 MIAMI FL 33173	Mailing Address 10300SW 72 ST SUITE 130 MIAMI FL 33173
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0385382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
913 NORMANDY DR
MIAMI BEACH FL 33141

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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]* **GERMAN FRAYND PRESIDENT** 2/17/2001 305 271777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)