

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0644290 SP

DOCUMENT # P92000010660

1. Entity Name
SUNSET CENTER CORPORATION

02-11-2002 90006 011 ***150.00

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0385382** Applied For Not Applicable

Zip Country Zip Country 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 _____

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	FRAYND, GERMAN	21150 BISCAYNE BLVD #302	AVENTURA FL				
DV	WASERSTEIN, CHARLES	9509 HARDING AVE	SURFSIDE FL 33154				
DS	WASERSTEIN, MARTA	9509 HARDING AVE	SURFSIDE FL 33154				
DT	WASERSTEIN, ALAN	9509 HARDING AVE	SURFSIDE FL 33154	DT	WASERSTEIN ALAN	6001 NW 153 ST. #110	MIAMI LAKES, FL 33014
D	FRAYND, PAUL	21150 BISCAYNE BLVD #302	AVENTURA FL				
D	FRAYND, ALAN	21150 BISCAYNE BLVD 302	AVENTURA FL				

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: _____ DATE: **2/5/02** DAYTIME PHONE #: **305-271-7777**

CR2E034 (9/01)