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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZIP TITLE FRAYND, PAUL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Jan 24, 2003 8:00 am			
1. Emply Name SUNSET CENTER CORPORATION Washing Address SURE 13 SURE 130 S	DOCI	MENT # PO200	010	660	,			Secretary of	f Sta	ıte	
Photopial Place of Business				000				•			
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City & State	2. Principal F	Place of Business	3. Mailing Address					-			
Country Zip Country S. Certificate of Slatus Desired \$3.75 Additional Fee Required \$3.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Toty FL Toty FL Toty FL Toty Toty FL Toty FL Toty FL Toty FL Toty FL Toty	City & Sta	te	City & S	State			4. F	65-0385382	<u> </u>		
Name Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or register	Zip		<u> </u>		Cour	ntry		Fe	e Required		
WASERSTEIN, RICHARD 913 NORMANDY DR MAMI BEACH FL 33141 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. I am familiar with, and accept the outligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee wiff be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17. TITLE DP FRAYND, GERMAN STREET ADDRESS STREET ADDRESS 110 BISCAYNE BLVD #302 WASERSTEIN, CHARLES SIRET ADDRESS SURFSIDE FL 33154 DS WASERSTEIN, MARTA DS WASERSTEIN, MARTA SIRET ADDRESS SIRET ADDRESS WASERSTEIN, MARTA SIRET ADDRESS WASERSTEIN, ALAN SIRET ADDRESS CITY-S1-2P MAME WASERSTEIN, ALAN SIRET ADDRESS CITY-S1-2P MAME FRAYND, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE WASERSTEIN, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE MARE FRAYND, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE MARE FRAYND, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE MARE FRAYND, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE MARE FRAYND, ALAN SIRET ADDRESS CITY-S1-2P AVENTURA FL Change Addition MARE FRAYND, ALAN	•	6. Name and Address of Current	Registered A	gent		Name	7. <u>-</u> N	lame and Address of New Registered Ag	ent	<u> </u>	
913 NORMANDY DR MIAMI BEACH FL 33141 City FL Zio Code	WASERSTEIN, RICHARD							•			
MAMI BEACH FL 33141 City FL Zip Code					Street Address	s (P.O. Bo	ox Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State DP GRAYND, GERMAN TITLE NAME SIRET ADDRESS CITY-ST-2P AVENTURA FIL DV Delete WASERSTEIN, CHARLES SIRET ADDRESS SOP HARDING AVE SIRET ADDRESS SOR MAKE WASERSTEIN, MARTA SIRET ADDRESS SOR HARDING AVE S	•										
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TITLE PRAYND, GERMAN CONTROL OF STREET ADDRESS CITY-ST-ZIP PRAYND, GERMAN CONTROL OF STREET ADDRESS CITY-ST-ZIP CITY-ST-	After May 1, 2003 Fee will be \$550.00				~						
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CITY-ST-ZIP	NAME	FRAYND, GERMAN	, GERMAN		NAM				☐ Change	☐ Addition	
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	TITLE NAME STREET ADDRESS	FRAYND, ALAN	· · ·	□ Delete	NAM	E] Change	Addition	

SIGNATURE:

CITY-ST-ZIP

AVENTURA FL

12. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attackment with an address, with

DIRECTOR

CITY-ST-ZIP

the does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #