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Jul 03, 2003 8:00 am
Secretary of State
06-12-2003 90009 013 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 6/12

DOCUMENT # P94000010656

1. Entity Name
Sunset Deli, Inc.

12/16/02

DO NOT WRITE IN THIS SPACE

55050495

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2. Principal Place of Business	3. Mailing Address
8124 SW 53 Place	8124 SW 53 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32608 Country: USA	Zip: 32608 Country: USA

4. FEI Number: 65-0467267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Miranda, Froilan F.
Street Address (P.O. Box Number is Not Acceptable): 8124 SW 53 Place
City: Gainesville FL Zip Code: 32608

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 obligations of registered agent.

SIGNATURE [signature] Froilan F. Miranda Director 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PP	TITLE	
NAME	Miranda, Froilan F.	NAME	
STREET ADDRESS	8124 SW 53 Place	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32608	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Miranda, Maritza C.	NAME	
STREET ADDRESS	8124 SW 53 Place	STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32608	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Froilan F. Miranda Director 4/30/03 352-870-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR