

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90098 032 ***150.00

DOCUMENT # P94000020425

1. Entity Name
SUNSET DUTY FREE INC.

Principal Place of Business: ~~1800 ELLER DRIVE SUITE 404 FT. LAUDERDALE FL 33316~~

Mailing Address: **10300 NW 19TH ST STE 114 MIAMI FL 33172-2538 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3400 McIntosh Rd. Bay E9 - FTZ Ft. Lauderdale, FL**

3. Mailing Address: **P.O. Box 226170 Miami, FL**

Zip: **33316** Country: **US**

Zip: **33122-6170** Country: **US**

4. FEI Number: **65-0473127**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:
**FLORIDA CORPORATE SUPPORT, INC.
 200 E. ROBINSON STREET
 SUITE 500
 ORLANDO FL 32801**

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)

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: PD NAME: SOUTO, LUCIO STREET ADDRESS: C/O 2335 NW 107TH AVE., STE B38-39 CITY-ST-ZIP: MIAMI FREE ZONE BOX 121 FL 33172	<input type="checkbox"/> Delete
TITLE: STD NAME: MOORE, PATRICIA STREET ADDRESS: C/O 2335 NW 107TH AVE., STE B38-39 CITY-ST-ZIP: MIAMI FREE ZONE BOX 121 FL 33172	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: Souto, Lucio STREET ADDRESS: 10300 NW 19 Street, Suite 114 CITY-ST-ZIP: Miami, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: Moore, Patricia STREET ADDRESS: 10300 NW 19 Street, Suite 114 CITY-ST-ZIP: Miami, FL 33122-6170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: Aponte, Jose STREET ADDRESS: 10300 NW 19 Street, Suite 114 CITY-ST-ZIP: Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VTD NAME: Cohen, Louis STREET ADDRESS: 10300 NW 19 Street, Suite 114 CITY-ST-ZIP: Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **LOUIS COHEN** **4/18/00** **305-591-1763**

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

CR2E034 (9/99)