

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
 01-27-2000 90047 005 ***158.75

DOCUMENT # P94000020753

1. Entity Name

SUNSET EXPRESS SERVICES CORP.

Principal Place of Business

Mailing Address

~~10855 S.W. 72 STREET~~
~~SUITE 6~~
~~MIAMI FL 33173~~

~~10855 S.W. 72 STREET~~
~~SUITE 6~~
~~MIAMI FL 33106-4503~~

2. Principal Place of Business

11510 S.W. 147 AVE

Suite, Apt. #, etc.

Suite # 14

City & State

MIAMI - FL

3. Mailing Address

11510 S.W. 147 AVE

Suite, Apt. #, etc.

Suite # 14

City & State

MIAMI - FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0580409

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, PATRICIA L
10855 S.W. 72ND STREET
SUITE 6
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

CALDERON, PATRICIA L

Street Address (P.O. Box Number is Not Acceptable)

11510 S.W. 147 AVE - Suite # 14

City

MIAMI - FL

FL

Zip Code

33196

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01-20-00

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 ☐ Delete
 NAME **PVST**
 STREET ADDRESS **CALDERON, PATRICIA L**
 CITY-ST-ZIP **10855 S.W. 72 ST., SUITE 6**
MIAMI FL 33173

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PVST**
 STREET ADDRESS **CALDERON, PATRICIA L**
 CITY-ST-ZIP **11510 S.W. 147 AVE**
Suite # 14
MIAMI - FL 33196

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-00 305-3852122

Date

Daytime Phone #

CR2E034 (9/99)