

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90018 036 ***150.00

DOCUMENT # P94000042303

1. Entity Name

D.S. SUNSET, INC.

Principal Place of Business

~~2111 LAKE AVE.~~
~~MIAMI BEACH FL 33140~~

Mailing Address

2111 LAKE AVE.
 MIAMI BEACH FL 33140

2. Principal Place of Business

595 Hibiscus Lane

3. Mailing Address

595 Hibiscus Lane

Suite, Apt. #, etc.

Miami, FL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33137

Country

Zip

33137

Country

4. FEI Number

65-0502206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CSETE, MARC
 2111 LAKE AVE.
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

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

595 Hibiscus Lane

City

Miami

FL

Zip Code

33137

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CSETE, MARC E	2111 LAKE AVE	MIAMI BEACH FL 33140	<input type="checkbox"/>
D	CSETE, MARILYN K	2111 LAKE AVE	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	595 Hibiscus Lane			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Miami, FL		33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	595 Hibiscus Lane			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Miami, FL		33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02

CR2E034 (9/01)