FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P94000077369 DOCUMENT # 1. Entity Name 05-15-2002 90174 030 ***150.00 SUNSET SPORT CORP. Principal Place of Business Mailing Address C/O S. KRAFT, P.A. 101 DUVAL ST KEY WEST FL 33040 10101-C W. SAMPLE ROAD CORAL SPRINGS FL 33065 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4, FEI Number City & State 65-0529377 Not Applicable \$8.75 Additional Zip Country П is A 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent HAMUY, NEIL Street Address (P.C. Box Number is Not Acceptable) C/O SKRAFT PA RIVERSIDE 10101 C.W. SAMPLE RD GORAL-SPRINGS-FL-33065 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00-May.Be. After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE **PSD** ☐ Delete TITLE HAMUY, NEIL NAME NAME 766 RIVERSIOF DR. CORAL SPRINGS, RL 33071 %-10101 C W. SAMPLE RD STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P " Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP1

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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3/2/02

561-620-0100

☐ Change

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Addition

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