

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P950000018888**

1. Entity Name

SUNSET LADY INC.**FILED**
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 039 ***150.00

Principal Place of Business	Mailing Address
15140 SW 72 ST. MIAMI, FL 33193 U.S.	13300 SW 128 ST. MIAMI, FL 33186 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0564148	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

953634

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLADARES, ALEXANDER F. 13300 SW 128 ST. MIAMI, FL 33186	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

Signature typed or printed name of registered agent and not applicable

NOTE: Registered Agent signature required when initial filing

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALLADARES, ALEXANDER F.	NAME	
STREET ADDRESS	13300 SW 128 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARCELO, MAGDA	NAME	
STREET ADDRESS	13300 SW 128 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 194.07(3)(b), 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 AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (9-99)