

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013178

1. Entity Name

SUNSET REAL ESTATE INVESTMENTS, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90071 026 \*\*\*150.00

Principal Place of Business

Mailing Address

~~C/O SALUSSOLIA & ASSOCIATES~~  
~~200 SOUTH BISCAYNE BLVD. #4815~~  
~~MIAMI FL 33131~~

~~C/O SALUSSOLIA & ASSOCIATES~~  
~~200 SOUTH BISCAYNE BLVD. #4815~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33129-1210

Country  
USA

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip  
33129-1210

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SALUSSOLIA, PIERO~~  
~~200 SOUTH BISCAYNE BLVD. #4815~~  
~~MIAMI FL 33131~~

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129-1210

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

PIERO SALUSSOLIA

04/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TANI, MAURO VIA ROMA 40 SOGLIANO AL RUBICONE (F)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <del>FUENTES, CARMEN</del> 200 S. BISCAYNE BLVD STE 4815 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORGOMANERO, GIANPAOLO 9 ISLAND AVENUE, UNIT 2103 MIAMI BEACH FL 33139	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANCA, MARCELLA 1548 BRICKELL AVE MIAMI, FL 33129-1210	<input type="checkbox"/> Change <input 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
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:

Manella Manella MARCELLA MANCA

04/27/01

305-373-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)