

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90095 043 ***150.00

DOCUMENT # P97000021145

1. Entity Name
SUNSET INSURANCE AGENCY, INC.



Principal Place of Business

**9546 SW 40 ST
MIAMI FL 33165
US**

Mailing Address

**9546 SW 40 ST
MIAMI FL 33165
US**

2. Principal Place of Business

2537 B NW 72 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33122

DADE

4. FEI Number

65-0746340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OCEJO, JORGE
4648 NW 107 AVE #2503
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **DIONARI DIAZ**

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

5507 S.W. 139 PL

City

MIAMI

FL

Zip Code

33175

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01-12-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Delete
NAME **OCEJO, JORGE**
STREET ADDRESS **8660 NW 5 TERR. #108**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **DVS** ☐ Delete
NAME **DIAZ, DIOMARI**
STREET ADDRESS **5507 SW 139 PL**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **DPT** ☒ Change ☐ Addition
NAME **DIAZ DIOMARI**
STREET ADDRESS **5507 SW 139 PL**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

01/12/03

Date

Daytime Phone #

(305)513-4005

CR2E034 (10/02)