

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2000 08:00 AM
Secretary of State****DOCUMENT # P97000063613****1. Entity Name**
SUNSET GOURMET PRODUCTS, INC.

Principal Place of Business 1440 CORAL RIDGE DR. CORAL SPRINGS FL 33071	Mailing Address 1440 CORAL RIDGE DR. CORAL SPRINGS FL 33071
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2. Principal Place of Business 3000 UNIVERSITY DRIVE	3. Mailing Address 3000 UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
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City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
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Zip 33065	Country	Zip 33065	Country
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4. FEI Number 65-0769619	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORGAN RICHARD ESQ
200 SOUTH BISCAYNE BOULEVARD

MIAMI FL 33131 US

7. Name and Address of New Registered Agent

Name
MORGAN RICHARD ESQ
Street Address (P.O. Box Number is Not Acceptable)
2699 S. BAYSHORE DR.
7TH FLOOR
City
MIAMI FL Zip Code
33133

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)

02/04/2000

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, 2000 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 VP	<input type="checkbox"/> Delete
NAME ZITO JEFFREY	
STREET ADDRESS 3604 S. OCEAN BOULEVARD #104	
CITY-ST-ZIP HIGHLAND BEACH FL 33487	

TITLE P	<input type="checkbox"/> Delete
NAME MOLDER HOWARD	
STREET ADDRESS 11931 ROYAL PALM BLVD., #103	
CITY-ST-ZIP CORAL SPRINGS FL 33065	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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.**SIGNATURE** ELLEN M. HORENSTEIN

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02/04/2000