

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000066273****1. Entity Name**
SUNSET NATURAL PRODUCTS, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State03-05-2001 90229 001 *****8.75
03-05-2001 90229 002 ***150.00

Principal Place of Business

4534 SW 74TH AVENUE
MIAMI FL 33155

Mailing Address

4534 SW 74TH AVENUE
MIAMI FL 33155**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0775379**

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****PINO, RAUL F ESQ.**
2440 CORAL WAY
MIAMI FL 33145

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 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
P/D
CRUZ, RODOLFO ☒ Delete
4000 SW 124TH COURT
MIAMI FL 33175TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MARTINEZ, TERESA ☒ Change ☐ Addition
7835 SW 86 CT
MIAMI FL 33143TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
MARTINEZ, TERESA ☐ Delete
7835 SW 86TH COURT
MIAMI FL 33143TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
PERDOMO, PEDRO L ☐ Delete
5250 SW 5TH STREET
MIAMI FL 33134TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/1 **305-2669454**

CR2E034 (10/00)