

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90046 041 \*\*\*150.00

**DOCUMENT # P98000025474**

**1. Entity Name**  
**SUNSET PALMS, INC.**

**Principal Place of Business**  
**1400 NORTH VIEW DRIVE**  
**MIAMI BEACH FL 33140**

**Mailing Address**  
**1400 NORTH VIEW DRIVE**  
**MIAMI BEACH FL 33140**

**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** **65-0821920**

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**

**WHELOCK, STEPHEN B**  
**1400 NORTHVIEW DRIVE**  
**MIAMI BEACH FL 33140**

Name **EDUARDO J. GARCIA ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)

**2655 S. BAYSHORE DR. #200**  
 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 **EDUARDO J. GARCIA**  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/24/02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **WHELOCK, STEVE**  
 CITY-ST-ZIP **1400 NORTH VIEW DRIVE**  
**MIAMI BEACH FL 33140**

TITLE ☐ Change ☒ Addition  
 NAME **PSD JAMES R. Bonner, Jr.**  
 STREET ADDRESS **1400 N. VIEW DR**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Delete  
 NAME **PSD James R. Bonner, Jr.**  
 STREET ADDRESS **1400**  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02** **305 672 5406**  
 Date Daytime Phone #

CR2E034 (9/01)