

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
03-22-2001 90028 009 \*\*\*150.00

**DOCUMENT # P99000012203**

1. Entity Name  
**NEW DAWN SUNSET, INC.**

Principal Place of Business  
**520 BRICKELL KEY DR., STE. 0-305**  
**MIAMI FL 33131**

Mailing Address  
**520 BRICKELL KEY DR., STE. 0-305**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3006 Aviation Avenue**

3. Mailing Address  
**3006 Aviation Avenue**

Suite, Apt. #, etc.  
**SUITE 2A**

Suite, Apt. #, etc.  
**SUITE 2A**

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip  
**33133**

Zip  
**33133**

Country  
**USA**

Country  
**USA**

4. FEI Number **65-0901919**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HABER, ROBERT M**  
**520 BRICKELL KEY DR., STE. 0-305**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JACK KAPLAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3006 AVIATION AVE**  
**SUITE 2A**  
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 *Jack Kaplan* DATE **3-12-01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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                      | PD                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | KAPLAN, JACK         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 3006 AVIATION AVE 2A |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI FL 33133       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | VPSD                 | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | AVILA, EDUARDO       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 3006 AVIATION AVE 2A |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI FL 33133       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | SD                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | KAPLAN, SHIRLEY      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 3006 AVIATION AVE 2A |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI FL 33133       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | 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: *Jack Kaplan* DATE **3-12-01** 305-857-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)