

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90096 018 ***150.00

DOCUMENT # P99000039705

1. Entity Name

SUNSET LAKES ESTATES II, INC.



Principal Place of Business

16205 SW 68 TERR

MIAMI FL 33183

US

Mailing Address

P.O. BOX 560702

MIAMI FL 33256

US

2. Principal Place of Business

10691 No Kendall Dr

3. Mailing Address

10691 No. Kendall Dr

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

311

City & State

Miami FL

City & State

Miami FL

Zip

33176

Country

USA

Zip

33176

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0933433

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDA, JOSE P

16205 SW 68 TERRACE

MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

Jose P. Fernandez

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

10691 North Kendall Drive

Suite 311

City

Miami

FL

Zip Code

33176

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)

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

TITLE **PTD** ☐ Delete
NAME **FERNANDEZ, JOSE**
STREET ADDRESS **6404 SW 158TH PASSAGE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VSD** ☐ Delete
NAME **PARDON, GREGORY**
STREET ADDRESS **6404 SW 158TH PASSAGE**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #

CR2E034 (10/02)