

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P990000 42771**

1. Entity Name

WEST SUNSET INSURANCE INC ✓**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90050 038 ***150.00

Principal Place of Business

Mailing Address

9415 SUNSET DRIVE
SUITE #242
MIAMI FL. 33173**SAME****00000113**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0917538

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARIA FERREIRA
9415 SUNSET DRIVE
#215
MIAMI FL. 33173

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 State10. 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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
PD.
FERREIRA MARIA
12815 SW. 65 TERR
MIAMI FL 33183☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
FACENDA MARIA
7679 NW. 3 ST.
MIAMI FL. 33124☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ Delete
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CITY - ST - ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition
TITLE
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

Date

Daytime Phone #

3-16-01(305)270-6499

CR2E034 (11/00)