2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P99000042771

1. Entity Name

WEST SUNSET INSURANCE INC

FILED
PRELIMINARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 12:12

Principal Place of Business	Mailing Address
9415 SUNSET DR SUITE # 242 MIAMI FL 33173	

2. Principal Place of Business	3. Mailing Address
9415 SUNSET DR.	9415 SUNSET DR.
Suite, Apt. #, etc.: 242	Suite, Apt. #, etc.: 242
City & State: MIAMI FL	City & State: MIAMI FL.
Zip: 33173 Country: DADE	Zip: 33173 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 21-65.0917538 ☐ 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
MARIA FEREIRA 12815 SW. 65 TERR MIAMI FL 33183	Name: MARIA FACENDA Street Address (P.O. Box Number is Not Acceptable): 5040 E. 9 COURT City: HIALEAH FL Zip Code: 33013

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)

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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 $550.00
After September 12, 2001 Fee will be $750.00
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	PRESIDENT MARIA FEREIRA 12815 SW. 65 TERR MIAMI FL 33183	☒ Delete	PRESIDENT MARIA FACENDA 5040 E. 9 CT. HIALEAH, FL. 33013	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA FACENDA 5040 E 9 CT HIALEAH, FL. 33013	☒ Delete	V. PRESIDENT RICARDO FACENDA 5040 E 9 CT HIALEAH, FL. 33013	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (5/01)

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: _____ MARIA FACENDA PRESIDENT. 11/29/01 (305) 270.6499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #