2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90018 010 ***150.00

DOCUMENT # P99000042771

1. Entity Name
WEST SUNSET INSURANCE, INC.

Principal Place of Business	Mailing Address
9715 SUNSET DRIVE STE 242 MIAMI FL 33173	9715 SUNSET DRIVE STE 242 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9415 Sunset Dr #242	9415 Sunset Dr #242
Suite, Apt. #, etc.: # 242	Suite, Apt. #, etc.: # 242
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33173 Country:	Zip: 33173 Country:

4. FEI Number 65-0917538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEREIRA, MARIA
9415 SUNSET DRIVE
215
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name: MARIA FACENDA
Street Address (P.O. Box Number is Not Acceptable): 5040 E. 9 CT
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: María Facenda — DATE
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEREIRA, MARIA 12815 SW 65TH TERRACE MIAMI FL 33183	☒ Delete	PRESIDENT MARIA FACENDA 5040 E. 9 CT HIALEAH, FL. 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FACENDA, MARIA 7679 N.W. 3RD ST. MIAMI FL 33126	☐ 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 (9/01)

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: María Facenda PRESIDENT 1-9-02 (305) 270-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #