

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90001 012 \*\*\*150.00

**DOCUMENT # S19847**

1. Entity Name  
**SUNSET GLASS & MIRROR, INC.**

Principal Place of Business

**4014 N.E. 5TH AVE  
 OAKLAND PARK FL 33334**

Mailing Address

**4014 N.E. 5TH AVE  
 OAKLAND PARK FL 33334**

2. Principal Place of Business

**4018 NE 5th Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**4018 NE 5th Ave**  
 Suite, Apt. #, etc.

City & State

**OAKLAND PARK, FL**  
 Zip **33334** Country **USA**

City & State

**OAKLAND PARK, FL**  
 Zip **33334** Country **USA**

4. FEI Number **65-0230729**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAVEZ, LOUIS  
 4014 N.E. 5TH AVENUE  
 FT. LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4018 NE 5 AVENUE**  
 City **OAKLAND PARK, FL** Zip Code **33334**

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 \_\_\_\_\_ (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, 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

TITLE **PS** ☐ Delete  
 NAME **CHAVEZ, LOUIS**  
 STREET ADDRESS **4014 N.E. 5TH AVE**  
 CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition  
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 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: **LOUIS CHAVEZ** **2-20-02** **954-561-9273**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)