

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # S55969

1. Entity Name
SUNSET PLAZA UTILITIES, INC.



Principal Place of Business

506 SOUTH DIXIE HIGHWAY
HALLANDALE, FL 33009 US

Mailing Address

506 SOUTH DIXIE HIGHWAY
HALLANDALE, FL 33009 US



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3067515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIKMAN, SHAUL
506 SOUTH DIXIE HIGHWAY
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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)

000001882047

04/16/08-80037-023 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RIKMAN, SHAUL
506 S DIXIE HIGHWAY
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
HAYDOO, SIONA
506 S DIXIE HIGHWAY
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Shaul Rikman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/08

Date

(954)455-2822

Daytime Phone #