

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90001 038 ***150.00

DOCUMENT # V20910
1. Entity Name
 Sunset Tropical Landscape, Inc

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 5910 NW 54 Ln PO Box 875
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Coconut Creek, FL Deerfield Beach, FL
Zip **Country** **Zip** **Country**
 33073 Broward 33443 Broward

4. FEI Number **Applied For**
 65-0322277 ☐ 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

Name Carlos Gomes
Street Address (P.O. Box Number is Not Acceptable) 5910 NW 54 Ln
City Coconut Creek **FL** **Zip Code** 33073

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  Carlos Gomes **DATE** 4-20-2000
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P
NAME	Carlos Gomes
STREET ADDRESS	5910 NW 54 Ln
CITY-ST-ZIP	Coconut Creek, FL
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP
NAME	Ilda Gomes
STREET ADDRESS	5910 NW 54 Ln
CITY-ST-ZIP	Coconut Creek, FL
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Carlos Gomes **DATE** 4-19-2000 **Daytime Phone #** 561-395-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)