

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90529 041 ****61.25

0039602

DOCUMENT # 759171

1. Entity Name

SUNSET ISLANDS PROPERTY OWNERS, INC.

Principal Place of Business

Mailing Address

C/O MARVIN M. GREEN
 627 - 71ST STREET
 MIAMI BEACH FL 33141

C/O MARVIN M. GREEN
 627 - 71ST STREET
 MIAMI BEACH FL 33141

2. Principal Place of Business

1510 West 27 Street

3. Mailing Address

CAROL TOWLE

Suite, Apt. #, etc.

Miami Beach, FL

Suite, Apt. #, etc.

1510 West 27 Street

City & State

33140

City & State

Miami Beach, FL

Zip

Country

USA

Zip

Country

33140

USA

4. FEI Number

59-0794782

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

GREEN, MARVIN M.
 627 - 71ST STREET
 MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: CAROL Towle
 Street Address (P.O. Box Number is Not Acceptable): 1510 West 27 Street
 City: Miami Beach FL Zip Code: 33140

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

Carol Towle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN. 15, 2001

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FROMBERG, MALCOLM 1771 NORTH VIEW DRIVE MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, MARVIN M 2525 LUCERNE AVE MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAN, LEWIS 1635 W 27 STREET MIAMI BCH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, ELLEN 2560 SUNSET DR MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JANICE Sharpstein 1435 West 27 ST MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gladys Gelb 2805 Lake Ave MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL DAN 1635 W 27 ST MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hertzberg 1601 North View Drive MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ira Elegant 1360 W. 29 Street MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, 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: *Ellen Peterson* **SIGNATURE REQUIRED**

1-15-2001

Date

(305) 5384017

Daytime Phone #

CR2E037 (10/00)