

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90053 009 ****61.25

DOCUMENT # 759171

1. Entity Name

SUNSET ISLANDS PROPERTY OWNERS, INC.

Principal Place of Business

1510 WEST 27TH STREET
 MIAMI BEACH FL 33140

Mailing Address

CAROL TOWLE
 1510 WEST 27TH STREET
 MIAMI BEACH FL 33140

2. Principal Place of Business

2535 LAKE AVENUE

3. Mailing Address

Neil Dubrow 2535 LAKE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH FL

4. FEI Number

59-0794782

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWLE, CAROL
 1510 WEST 27TH STREET
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Neil Dubrow
 Street Address (P.O. Box Number is Not Acceptable): 2535 LAKE AVENUE
 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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHARPSTEIN, JANICE	
STREET ADDRESS	1435 WEST 27TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GELB, GLADYS	
STREET ADDRESS	2805 LAKE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAN, CAROL	
STREET ADDRESS	1635 W 27 STREET	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, ELLEN	
STREET ADDRESS	2560 SUNSET DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERTZBERG, ROBERT	
STREET ADDRESS	1601 NORTH VIEW DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELEGANT, IRA	
STREET ADDRESS	1360 W 29TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil DuBrow	
STREET ADDRESS	2535 LAKE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Neil Dubrow, TREASURER

2-11-02 305-789-8772

CR2E037 (9/01)