2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009233

Entity Name: SUNSET T.R.P. INC.

Current Principal Place of Business:

6105 SW 125TH AVENUE MIAMI. FL 33183

Current Mailing Address:

6105 SW 125TH AVENUE MIAMI, FL 33183 US

FEI Number: 27-3697303 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DILLER, SAMUEL 6105 SW 125TH AVENUE MIAMI, FL 33183 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 09, 2021

Secretary of State

2791313647CC

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR Title **SECRETARY**

PICARD, HELEN Name Name ZELONKER, REGINA

10040 SW 144TH STREET Address 7962 SW 86TH TERRACE Address

City-State-Zip: MIAMI FL 33176 MIAMI FL 33143 City-State-Zip:

OFFICER Title Title OFFICER, CHAIR, CHAIRMAN

ALTMAN, AMANDA Name FRECHETTE, SHAWN Name

Address 18071 BISCAYNE BLVD Address 2000 NORTH BAYSHORE PH2

APT. 114

City-State-Zip: AVENTURA FL 33160 MIAMI FL 33137 City-State-Zip:

Title **OFFICER** Title OFFICER, VC

Name GONZALEZ, ANDRES JACOBS, CYNTHIA Name Address 5424 NW 112TH PLACE 1040 WEST 47TH STREET Address

City-State-Zip: DORAL FL 33178 City-State-Zip: MIAMI BEACH FL 33140

Title **EXECUTIVE DIRECTOR OFFICER** Title

Name DILLER. SAMUEL Name KLEIN. MIKE

Address 11641 NE 18TH DR Address 2000 NORTH BAYSHORE

> 114 City-State-Zip:

NORTH MIAMI FL 33181 City-State-Zip: MIAMI FL 33137

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL DILLER 04/09/2021 EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleOFFICERTitleTREASURERNameBAUER, ERIN DR.NameLARSON, BRIAN

Address 15101 SW 69TH COURT Address 888 BISCAYNE BLVD. #4808

City-State-Zip: MIAMI FL 33158 City-State-Zip: MIAMI FL 33132