

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

Officer/Director Detail :

Title IMMEDIATE PAST CHAIR
Name PICARD, HELEN
Address 7962 SW 86TH TERRACE
City-State-Zip: MIAMI FL 33143

Title SECRETARY
Name ZELONKER, REGINA
Address 10040 SW 144TH STREET
City-State-Zip: MIAMI FL 33176

Title OFFICER, CHAIR, CHAIRMAN
Name FRECHETTE, SHAWN
Address 2000 NORTH BAYSHORE
APT.114
City-State-Zip: MIAMI FL 33137

Title OFFICER
Name ALTMAN, AMANDA
Address 18071 BISCAYNE BLVD
PH2
City-State-Zip: AVENTURA FL 33160

Title OFFICER, VC
Name JACOBS, CYNTHIA
Address 1040 WEST 47TH STREET
City-State-Zip: MIAMI BEACH FL 33140

Title OFFICER
Name GONZALEZ, ANDRES
Address 5424 NW 112TH PLACE
City-State-Zip: DORAL FL 33178

Title OFFICER
Name KLEIN, MIKE
Address 2000 NORTH BAYSHORE
114
City-State-Zip: MIAMI FL 33137

Title EXECUTIVE DIRECTOR
Name DILLER, SAMUEL
Address 11641 NE 18TH DR
City-State-Zip: NORTH MIAMI FL 33181

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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

EXECUTIVE DIRECTOR

04/09/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title OFFICER
Name BAUER, ERIN DR.
Address 15101 SW 69TH COURT
City-State-Zip: MIAMI FL 33158

Title TREASURER
Name LARSON, BRIAN
Address 888 BISCAYNE BLVD. #4808
City-State-Zip: MIAMI FL 33132