


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90217 040 \*\*\*150.00

DOCUMENT # <b>K27150</b>	
1. Entity Name <b>Atlantic Beach Clubs-Two Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4060 Galt Ocean Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3500 mystic Pointe Dr</b> Suite, Apt. #, etc. <b># 2201</b>	
City & State <b>Fort Lauderdale, Florida</b>		City & State <b>Aventura, FL 33180</b>	
Zip <b>33308</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>

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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-0062407</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>David Nice</b>		
Street Address (P.O. Box Number is Not Acceptable)			
City <b>Aventura</b>			Zip Code <b>FL 33180</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David Nice** **President** **04-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	<b>David Nice</b>	NAME	
STREET ADDRESS	<b>3500 mystic Pointe Dr # 2201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Aventura, FL 33180</b>	CITY-ST-ZIP	
NAME	<b>Karsett Nice</b>	NAME	
STREET ADDRESS	<b>3500 mystic Pointe Dr # 2201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Aventura, FL 33180</b>	CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **David Nice** **04-14-03** **954-565-0466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)