

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104288

1. Entity Name

SOUTH BEACH TITLE OF MELBOURNE, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90245 029 ***150.00

0082917

Principal Place of Business

110 DELESPINE ST
MELBOURNE BEACH FL 32951

Mailing Address

110 DELESPINE ST
MELBOURNE BEACH FL 32951

740721

2. Principal Place of Business

3. Mailing Address

110 Delespine St.
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne Bch, FL

City & State

Melbourne Beach FL

4. FEI Number

59-3681418

Applied For

☒ Not Applicable

Zip

32951

Country

USA

Zip

32951

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AZAR, DAVID WM.
110 DELESPINE ST
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Director ☐ Delete
NAME: David Azar
STREET ADDRESS: 110 Delespine St.
CITY-ST-ZIP: Melbourne Beach, FL 32951

TITLE: ☐ Delete
NAME: Melbourne Beach, FL.
STREET ADDRESS: 32951
CITY-ST-ZIP: 32951

TITLE: President ☐ Delete
NAME: (Same)
STREET ADDRESS: (Same)
CITY-ST-ZIP: (Same)

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WM. AZAR

4.6.01 321-728-4407

Date

Daytime Phone #

CR2E034 (10/00)