

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90082 031 ****61.25

DOCUMENT # 743189

1. Entity Name

HILLCREST-BY-THE-SEA ASSOCIATES, INC.



Principal Place of Business

**9165 COLLINS AVENUE
SURFSIDE FL 33154**

Mailing Address

**9165 COLLINS AVENUE
SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1916818**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRALES, JUDY
4752 BAY POINT RD
MIAMI FL 33137**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P MATOUK, BILL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9165 COLLINS AVE SURESIDE FL 33154	
TITLE NAME	VPD MNACEK, JERRY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9165 COLLINS AVE SURESIDE FL 33154	
TITLE NAME	TD SAMHAT, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9165 COLLINS AVE SURFSIDE FL 33154	
TITLE NAME	D CARDINAL, PIERRE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9165 COLLINS AVE SURESIDE FL 33154	
TITLE NAME	S CORRALES, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4752 BAY POINT RD MIAMI FL 33137	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D TOMI PRIVREL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9165 COLLINS AVE SURFSIDE FL 33154	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

[Handwritten Signature]

3/05/03 305 860 816

CR2E037 (10/02)