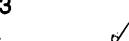
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J23393 **DOCUMENT #** 

SIGNATURE: \_

ARIGIN DAMWRING





**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90125 004 \*\*\*150.00

1. Entity Nami	ERRACE BEACHSIDE, INC.		4						
Principal Place 4433 EL MAR LAUDERDALE-L US		Mailing Address 4433 EL MAR OR. LAUDERDALE-BY-THE-SEA FL 33308 US							
2. Principal P	ace of Business .	3. Mailing Address				4 INNTILT #FIN 11880 (1188 FIVER 1916) UIT	!! #1045 <b>0</b> 1011 01011	B1016 B1011 1991	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES  4. FEI Number  Applied For			
City & State		City & Str		4.	59-2706584	N	ot Applicable	1	
Zip	Country Zip			Country		Certificate of Status Desired	Fee Hequired		]
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
BIZZARRO, DEBORAH L				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
2929 E. COMMERCIAL BLVD.								-	1
PH-C FT. LAUDERDALE FL 33308				City		. <u>*</u>	Zip Cod		
	named entity submits this statement foi ions of registered agent.	r the purpose o	ol changing its reg	istered office or re	agistered a	gent, or both, in the State of Florida. I a	m familiar with	and accept	
SIGNATURE.	Signatura, typed or printed name of registered agent	and title if applicable	. (NOTE: Rec	gistered Agent signature	nedw beniupen	reinstäting) DAT	E		
(STO)	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Fiorida Department o	f State				Election Campaign Financing     Trust Fund Contribution.		DO May Be d to Fees	
10.	OFFICERS AND			11.	Al	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	†
TITLE ,	DP		☐ Defete	TITLE			☐ Change	☐ Addition	]8
NAME	DAMURJIAN, ARLEAN			NAME					18
STREET ADDRESS City-St-Zip	4433 EL MAR DRIVE LAUDERDALE BY SEA FL			STREET ADDRESS CITY-ST-ZIP					CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSCANO, CARMEN F. 1761 SALEM STREET NORTH ANDOVER MA		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	5
TITLE			☐ Delete	. TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		- <u>-</u>	<del></del> :	STREET ADDRESS T		والمتعادمة والمتعادم والمتعادم والمتعادم والمتعادم والمتعادم والمتعادم والمتع		· 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
12. I hereby of indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver of rustee emp or on an attachment with an address.		s not qualify for the grate and that my s cute this report as r se empowered.		d in Section re the same ter 607. Flor	119.07(3)(i), Florida Statutes. I further legal affect as if made under oath; tha rida Statutes; and that my name appeal	certify that the t I am an office rs in Block 10 o	Information r or director r Block 11 if	