

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 019 ***150.00

DOCUMENT # K15623

1. Entity Name
SEASIDE VILLAS, INC.

Principal Place of Business C/O PERLMAN & ASSOCIATE. PA 799 BRICKELL PLAZA, SUITE 900 MIAMI FL 33131-9608 US	Mailing Address C/O PERLMAN & ASSOCIATE. PA 799 BRICKELL PLAZA, SUITE 900 MIAMI FL 33131-2805 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O George D. Perlman, P.A. Suite, Apt. #, etc. Suite 3000 701 Brickell Ave City & State Miami, Florida Zip 33131 Country U.S.A.	3. Mailing Address C/O George D. Perlman, P.A. Suite, Apt. #, etc. SUITE 3000 701 Brickell Ave City & State Miami, Florida Zip 33131 Country U.S.A.
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4. FEI Number 65-0037903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERLMAN, AND FABER P
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
GEORGE D. Perlman, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE
SUITE 3000
 City
Miami FL Zip Code
33131

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 **George D. Perlman, President** 4/4/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	V PERLMAN, GEORGE D. 799 BRICKELL PLAZA, SUITE 900 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CHASTENET, BERTRAND 799 BRICKELL PLAZA MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTENET, BERTRAND 799 BRICKELL PLAZA SUITE 900 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Perlman, George D. 701 Brickell Ave, Suite 3000 Miami, Florida 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS C/O George D. Perlman, P.A. CHASTENET, BERTRAND 701 BRICKELL AVE, SUITE 3000 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASTENET BERTRAND C/O George D. Perlman, P.A. 701 Brickell Ave, Suite 3000 MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED!** 4/4/00 305 324 5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)