

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90109 034 \*\*\*150.00

**DOCUMENT # K15623**

1. Entity Name  
**SEASIDE VILLAS, INC.**

Principal Place of Business

**C/O GEORGE D PERLMAN  
 701 BRICKELL AVE STE 3000  
 MIAMI FL 33131  
 US**

Mailing Address

**C/O GEORGE D PERLMAN  
 701 BRICKELL AVE STE 3000  
 MIAMI FL 33131  
 US**

**C0059917**



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 Avenue**

City & State  
**Miami, FL 33131**

Zip **33131**  
 Country **Dade**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0037903**

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

**PERLMAN, GEORGE D  
 701 BRICKELL AVE  
 STE 3000  
 MIAMI FL 33131**

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 Signature, typed or printed name of registered agent and title if applicable.

**GEORGE D. PERLMAN President**

**4-26-01**

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete  
 NAME **PERLMAN, GEORGE D.**  
 STREET ADDRESS **701 BRICKELL AVE STE 3000**  
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
 NAME **PTSD**  
 STREET ADDRESS **CHASTENET, BERTRAND**  
 CITY-ST-ZIP **701 BRICKELL AVE STE 3000**  
**MIAMI FL 33131**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 **BERTRAND CHASTENET, President** **4/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)