

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90029 042 \*\*\*150.00

**DOCUMENT # L00739**

1. Entity Name

**SEASIDE PROPERTIES, INC.**

Principal Place of Business

**10814 NW 33 STREET  
814 NW 33 ST  
SUITE FL 33172  
US**

Mailing Address

**10814 NW 33 STREET  
SUITE #100  
MIAMI FL 33172  
US**

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

**65-0153156**

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

**LOUMIET, JUAN P.  
1221 BRICKELL AVENUE  
MIAMI FL 33131**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME **D S P** ☐ Delete  
STREET ADDRESS **MUSO, CARLOS**  
CITY-ST-ZIP **10814 NW 33 ST #100**  
**MIAMI FL**

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

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **MARDER, BERARD**  
CITY-ST-ZIP **10814 NW 33 ST #100**  
**MIAMI FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **CARLOS MUSO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-591-9397**

0032755  
AY

CP2E034 (5/01)

SEASIDE PROPERTIES, INC.

NORTHERN TRUST  
BANK OF FLORIDA, N.A.  
MIAMI, FL  
03-065/660

817259

1781

2/26/2001

*Attachment  
#100739*

PAY TO THE ORDER OF DEPARTMENT OF STATE

\$ 150.00

One Hundred Fifty and 00/100

040107191 1504 1502 06 03-12-01

050256478 2198 2475 12 03-12-01

DOLLARS  
Security features  
included  
Details on back.

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

*76442*

*FLW*

MEMO doc # 1.00739 FEI#63-0153156

⑈001781⑈ ⑈066009650⑈ ⑈010035092⑈

⑈0000015000⑈

066000109  
040107191  
040107191 03-12-01

03-12-01

BANK OF AMERICA, N.A. JAX  
⑈0630000474 E5665-90 P86  
03/09/01

6740184860

03-12-01  
03-12-01  
03-12-01

MAR 08 2001

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT# 1009068796