## FILED May 05, 2003 8:00 am Secretary of State

2003 NOT-I	FOR-PROFIT	CORPOR	ATION
UNIFORM	BUSINESS	REPORT	(UBR)

MANE STREET ADDRESS CITY-ST-ZIP  MINE  MAME  STREET ADDRESS CITY-ST-ZIP  Change   Addition  MAME  STREET ADDRESS CITY-ST-ZIP  Ch	DOCUMENT # NO200004395  1. Entity Name URBAN BEACH WEEK, INC.				02-24-200	03 90240 008 ***	*70.00
### BEACH FL 2014@  ### BEACH FL 2014@  ### BEACH FL 2014@  ### BEACH FL 2014@  #### BEACH FL 2014@  ##### BEACH FL 2014@  ##### BEACH FL 2014@  #### BEACH FL 2014@  ##### BEACH FL 2014@  ##### BEACH FL 2014@  ##### BEACH FL 2014@  ##### BEACH FL 2014@  ###################################	•	-	139				
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Suite, April 4 not.  Suite, Ap	2. Principal Place of Business 18355 NW 61 AW 3. Mailing Address 18355 NW 61 AW				<mark>aliyak dil gerib</mark> ilah dekil deri	<b>                                    </b>	<b>iii i</b> ii iii ,
Post Applicable   Post   Pos		Suite, Apt. #, etc.			CHECK HERE	IF MAKING CHANGES	
2 P 73-3 Country  1 P 73-3 Country  2 P 73-3 Country  2 P 73-3 Country  3 P 75-3 Country  4 P 75-3 Country  5 P 75-3 Country  6 Name and Address of Current Registered Agant  7 Name and Address of Status Desired  Fee Producted  7 Name and Address of New Registered Agant  Name  5 P 75-6 COUNNS ATRINE 438  MANH SEACH FT 33-140  M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	City & State M 1 Am 1 . A.		$\alpha$	4. FEI Nu	umber		
S. Name and Address of Current Registered Agant  CAPT_JABAR9  5750 COLLINA AVENUE 438  M. Imm., C. 33 a. Street Address of New Registered Agant  Name  Street Address (P.C. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida.  In E. Both Address of Florida Department of State of Florida Department of Florida Department of State of Florida Department of Florida Department of Florida Department of Florida Depa		Zio	Country	5. Certific	cate of Status Desired	₩ \$8.75 Ad	ditional
Street Address (PC. Box Number is Not Acceptable)  FLE Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Ronda. Tem familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Thus Fund Contribution  Added to Fees  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Thus Fund Contribution  Added to Fees  FILE NOW: FEE IS \$61.25  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS  FIRET				<i>r</i> r			ed
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City FL Zp Code  6. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  Signature  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  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 MAKE STRETA DORSS OFFICERS AND DIRECTORS IN 10  TITLE DIRECTOR SIGNATURE  WASHINGTON, DEIDRE  STRETA DORSS OFFICERS AVENUE #38 SIREF ADDRESS OF	5750 COLLINS AVENUE #38 /874	IT NW 61 AM	Street Ad	dress (P.O. Box Nu	imber is Not Acceptable	)	
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS SS1.25  B. Election Campaign Financing Trust Fund Confribution.  B. Election Campaign Financing Trust Fund Confribution.  B. Election Campaign Financing Trust Fund Confribution.  Adoptions/CHANGES TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  III.E. MAKE STRET ADDRESS  OTH ST-29  MAMAI BEACH FL 33140  CAPP. JABARI  BASSET ADDRESS  OTH ST-29  MAMAI BEACH FL 33140  ADDRESS  OTH ST-29	MIAMI BEACH FL 33140 M	AMI, FC- 380	V				
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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 withan address, with all other like empowered.	indicated on this report or supplemental report is of the corporation or the receiver or trustee empo	true and accurate and that movered to execute this report i	ny signature shall hav as required by Chapte	e the same legal ef	ffect as if made under or	eth; that I am an officer (	or director