

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004871

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: ISLAND BREEZE INTERNATIONAL, INC.

## Current Principal Place of Business:

7522 N. HIMES AVE.  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

7522 N. HIMES AVE.  
TAMPA, FL 33614

## New Mailing Address:

4101 HOLLOWTRAIL DR.  
TAMPA, FL 33624

FEI Number: 59-3606814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, MAIMA  
7522 N. HIMES AVE.  
TAMPA, FL 33614

## Name and Address of New Registered Agent:

BROWN, MAIMA  
4101 HOLLOWTRAIL DR.  
TAMPA, FL 33624

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: MAIMA BROWN

04/23/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KENT, HAROLD  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: KENT, JOAN  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: COPE, LINDA  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

Title: D (X) Delete  
Name: BROWN, MAIMA  
Address: 7522 N HIMES AVE  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VALLE, RUDY  
Address: 4101 HOLLOWTRAIL DR.  
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change ( ) Addition  
Name: BROWN, ARIU  
Address: 4101 HOLLOWTRAIL DR.  
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change ( ) Addition  
Name: BROWN, MAIMA  
Address: 4101 HOLLOWTRAIL DR.  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIMA BROWN

D

04/23/2002

Electronic Signature of Signing Officer or Director

Date