

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91543 041 ***150.00

DOCUMENT # P00000010113

1. Entity Name
CRUISIN OF SEASIDE HEIGHTS, INC.

Principal Place of Business
400 PARQUE DR #5
ORMAOND BEACH FL 32174

Mailing Address
400 PARQUE DR #5
ORMAOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 Boardwalk
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Seaside Heights NJ.

City & State

4. FEI Number **58-2530855**

Applied For
 Not Applicable

Zip **08751** Country **US**

Zip Country

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

~~CLAUER, JENNIFER~~
~~400 PARQUE DRIVE #5~~
~~ORMOND BEACH FL 32174~~

Name **SIMON MYARA**
 Street Address (P. O. Box Number is Not Acceptable)
400 PARQUE DR #5

City **ORMOND BEACH FL** Zip Code **32174**

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 *Simon Myara*
Signatures, typed or printed name of registered agent and title if applicable.

Simon Myara **5/14/02**
(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, 2002 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 NAME Delete
D MYARA, ALAIN
 STREET ADDRESS **1131 BEL AIRE DR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE NAME Change Addition
Myara, Alain
 STREET ADDRESS **400 Parque Drive #5**
 CITY-ST-ZIP **Ormond Beach FL 32174**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 individuals empowered.

SIGNATURE: *Alain Myara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 386-673-8488
Date Daytime Phone #

CR2E034 (9/01)