

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90114 003 ***150.00

0173900 AV

DOCUMENT # P00000063094

1. Entity Name
SUBLIME PROPERTIES, INC.



Principal Place of Business
**333 SW 194 AVE
PEMBORKE PINES FL 33029**

Mailing Address
**333 SW 194 AVE
PEMBORKE PINES FL 33029**

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 **65-1024336**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, STEVE
333 SW 194 AVE
PEMBROKE PINES FL 33029**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

Steve Williams

2/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, BRIAN AUDLEY	
STREET ADDRESS	333 SW 194 AVE	
CITY-ST-ZIP	PEMBORKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID ANDREW	
STREET ADDRESS	20886 NW 16TH STREET	
CITY-ST-ZIP	PEMBORKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, STEVE ANTHONY	
STREET ADDRESS	333 SW 194 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATWHILE, RYNION	
STREET ADDRESS	7081 NW 16ST B-211	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, WAYNE	
STREET ADDRESS	5120 SW 131 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, VIVIAN	
STREET ADDRESS	P. O. BOX 163121	
CITY-ST-ZIP	MIAMI FL 33116	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

9544452012
Daytime Phone #

CR2E034 (10/02)