

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90245 029 ***150.00

0082917

DOCUMENT # P00000104288

1. Entity Name
SOUTH BEACH TITLE OF MELBOURNE, INC.

Principal Place of Business 110 DELESPINE ST MELBOURNE BEACH FL 32951	Mailing Address 110 DELESPINE ST MELBOURNE BEACH FL 32951
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740721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 110 Delespina St.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne Bch, FL	City & State Melbourne Beach FL
Zip 32951	Zip 32951
Country USA	Country USA

4. FEI Number 59-3681418	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AZAR, DAVID WM.
 110 DELESPINE ST
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

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 _____ (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, 2001 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	
TITLE NAME Director	<input type="checkbox"/> Delete
STREET ADDRESS David Azar	
CITY-ST-ZIP 110 Delespina St.	
TITLE NAME Melbourne Beach, Fl.	<input type="checkbox"/> Delete
STREET ADDRESS 32951	
CITY-ST-ZIP 32951	
TITLE NAME President	<input type="checkbox"/> Delete
STREET ADDRESS (Same)	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **DAVID WM. AZAR** Date: **4.6.01** Daytime Phone #: **321-728-4407**

CR2E034 (10/00)