## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P01000100377

1. Entity Name



**FILED** Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90135 047 \*\*\*150.00

FAIR BREEZES INVESTMENTS, INC.										
Principal Place of Business 450 NORTH PARK ROAD 500 HOLLYWOOD FL 33021			Mailing Address 450 NORTH PARK ROAD 500 HOLLYWOOD FL 33021							
2. Principal Place of Business			3. Mailing Address				[			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	00-114/4/2		Applied For	
Zip	Country	Zip	Zip Counti		ntry	5.	5. Certificate of Status Desired See Required Fee Required		dditional	
	6. Name and Address of Current	Register	ed Agent			7.	Name and Address of New Registered	•		
ISRAEL, MARILYN 450 NORTH PARK ROAD 500					Name Street Address	Address (P.O. Box Number is Not Acceptable)				
HOLLYWO	OOD FL 33021				City`		FL	Zip Cor	de	
SIGNATURE	arons or registered agent.		<u> </u>				gent, or both, in the State of Florida. I am t	amiliar with	, and accept	
<del></del>	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signature require	ed when r	einstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	· OFFICERS AND	DIRECTO	DRS	11.		AE	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL, MARILYN R 450 N PARK RD STE 500 HOLLYWOOD FL 33021		☐ Delete		I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· •		,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		ET ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip			☐ Delete		ľ			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete		T ADDRESS ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-5	T ADDRESS ST-ZIP			☐ Change	Addition	
<ol> <li>I hereby c indicated of the corr changed,</li> </ol>	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing true and a wered to a ith all other	does not qualify for the curate and that my execute this report as like empowered.	the exemy signatu s require	nption stated in Se ire shall have the ed by Chapter 607	ection 1 same le 7, Floric	19.07(3)(i), Florida Statutes. I further certi egal effect as if made under oath; that I an a Statutes; and that my name appears in	fy that the in n an officer Block 10 or	ormation or director Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR