

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

04-21-2003 91066 018 ***150.00

DOCUMENT # P01000120456

1. Entity Name

CATCH-A-WAVE SURFSHOP, INC.



Principal Place of Business

2990 MCFARLANE RD
COCONUT GROVE FL 33133

Mailing Address

2990 MCFARLANE RD
COCONUT GROVE FL 33133

2. Principal Place of Business

2990 MacFarlane rd
Suite, Apt. #, etc.

3. Mailing Address

2990 MacFarlane rd
Suite, Apt. #, etc.

City & State

Coconut grove FL

City & State

Coconut grove

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNBAR, ANTHONY

2990 MACFARLANE RD

COCONUT GROVE FL 33131

Name

Anthony Dunbar

Street Address (P.O. Box Number is Not Acceptable)

2060 W E 121 rd

City

North minn

FL

Zip Code

33181

7. Name and Address of New Registered Agent

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

Anthony Paul Dunbar

Anthony Paul Dunbar

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNBAR, PAUL 2990 MCFARLANE RD COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Thank you ~~ATTACHMENT~~ 5/7/03
~~#P01000120456~~
55039102
for your help in this matter
Are Fed Id # is 01-059-1561 & hope
this will finish this form.

Thank you

Anthony Dunbar
305-569-0339