FOR PROFIT CORPORATION

FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90723 028 ***150.00

UNIFORM BUSINESS REPORT	(UB	P)
DOCUMENT # P 020000 1/331		

Sea	side Realty c	of S. Fla.	Inc.				
	O NOT WRITE	IN THIS SP	ACE:		J UU1	6314	
2. Principal Pla	ace of Business was makland PK Blvd		akland Pk	Blud.			
Suite, Apt.:1	*, etc.	Suîte, Apt. #, etc.			DO NOT WRI	TE IN THIS SPA	ACE
City & State		City & State Calcland P	< FL	4 FE	Number 2-053 9/3	32	Applied For Not Applicable
Zip 20	311 Broward	Zip 33311	Country Broward	5. Ce	rtificate of Status Desired		3.75 Additional e Required
で まった			11.	7. Nam	e and Address of Current	Registered A	gent
Manager Company	DO NOT W	DITE	LD		s-Nunez		± '
in a manigar	DO NOT W		(3) 2 gat		Number is Not Acceptable		
	IN THIS SP	AUE	52	2	Riverside	De =	208
		1	Pon	paro	Beach	FL	Zin Code 33062
8. The above	named entity submits this statement for one of registered agent.	the purpose of changing its r	egistered office or reg	stered ager	it, or both, in the State of Fl	orida. I am fam	illiar with, and accept
	Signature, typed or printed name of registered agent a		Registered Agent signature re-	uired when rein	stating)	DATE	
	After May 12 Fee is \$550.00				Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees
manager party page 2012 and property	Augustustici in it is an 1/2 in the second and it is a second and in the interest and interest and in the interest and interest an			- <u> </u>	ardser data commodute		Addct 10 1 0 0 3
10.	OFFICERS AND I		TITLE	وانه الراسع المالات	The state of the s	No.	
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STREET ADDRESS			"STREET ADDRESS"	ار به آهر. موجوع در د	amount broad angular Blicker for		The war of the war war
CITY-ST-ZIP	nortify that the information availed with	this filing does not qualify for	the exemption stated	, A., , ,	7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	24 44	
12. i nereby	certify that the information supplied with	this and accurate and that a	w eignature chall have	the same is	real effect as if made under	oath: that I am	an officer or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dark; mat I am an officer of 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 on an attachment with an address, with all other tike empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR