

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90723 028 \*\*\*150.00

DOCUMENT # P02000011331

1. Entity Name

Seaside Realty of S. FLA. Inc.



J0014140

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

871 W Oakland Pk Blvd

3. Mailing Address

871 W Oakland Pk Blvd.

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

Oakland Park FL

City & State

Oakland Pk FL

Zip

33311

Country

Broward

Zip

33311

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0539132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lourdes Nuñez

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

521 N. Riverside Dr #208

City

Pompano Beach

FL

Zip Code

33062

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)

DATE

After May 1 Fee is \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: LOURDES NUNEZ, Pres.  
STREET ADDRESS: 521 N. Riverside Drive #208  
CITY-ST-ZIP: Pompano Beach FL 33062

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lourdes Nuñez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03  
Date

954 588 9335  
Daytime Phone #

CR2E034B (12/02)