2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085140

1. Entity Name

COURTYARDS AT NAUTICA - PHASE II, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90138 023 ***150.00

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8550 N	al Place of Busi W. 33 STREET, FL 33122		8550	Mailing Address 8550 N.W. 33 STREET, SUITE 100 MIAMI FL 33122				1 (1844 B) (1) (1840)(84) (184		1 1818 Billi 148	E CUCULI BATIA PERGI
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	FEI Number 51- M24	3570		pplied For
Zip		Country	Zip		Coun	try	5.	Certificate of Status Desire		\$8.75 Ac	Iditional
	6. Na	me and Address of Curre	nt Registere	d Agent			7.	Name and Address of Ne	w Registered		
SHO	Jaee, Masol	jo	يود ومجار		~	Name	* * ****	يب لك مديد رييس .			
8550	NW 33 ST					Street A	ddress (P.O. E	Box Number is Not Accepta	able)		
MIAN	II FL 33166						<u>.</u>		· · ·	****	
						City			FL	Zip Cod	de
8. The a	above named en bligations of reg	ntity submits this statement gistered agent.	for the purpo	ose of changing its	registere	ed office o	r registered ag	gent, or both, in the State of	Florida. I am	familiar with	and accept
SIGNAT	URESignature, ty	ped or printed name of registered age	ent and title if appli	cable. (NOTE	Registered	Agent signat	ure required when re	einstating)	DATE		-
	FILE NOV	VIII EEE IS \$150.00		-	-				57.12		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of										1	
								9. Election Campaign Trust Fund Contribu		\$5.0 □ Adde	00 May Be d to Fees
		to Florida Department	of State	RS	I 11		۸۲	Trust Fund Contribu	ition. [☐ Adde	d to Fees
Make C			of State		11.		AC		ition. [Adde	d to Fees
Make C	D SHOJA	OFFICERS AN	of State	RS Delete	11.		AC	Trust Fund Contribu	ition. [☐ Adde	d to Fees
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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 truttee 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 adversarial statutes.

SIGNATURE:

ATURE REQUIRED