

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011547

1. Entity Name
SEBASTIAN HOTEL INVESTMENT, INC.



FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90044 003 ***150.00

Principal Place of Business

3232 SW 138TH WAY
DAVIE, FL 33330 US

Mailing Address

3232 SW 138TH WAY
DAVIE, FL 33330 US

2. Principal Place of Business

1655 US HWY #1

3. Mailing Address

Suite, Apt. #, etc.

04132004

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0057260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANJAYKUMAR J
3232 SW 138TH WAY
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PATEL, SANJAYKUMAR J
STREET ADDRESS 3232 SW 138TH WAY
CITY-ST-ZIP DAVIE, FL 33330

TITLE S ☒ Delete
NAME PATEL, SANJAYKUMAR J
STREET ADDRESS 3232 SW 138TH WAY
CITY-ST-ZIP DAVIE, FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME PATEL, SADHANA
STREET ADDRESS 3232 SW 138TH WAY
CITY-ST-ZIP DAVIE FL 33330

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

954-424-9889

Daytime Phone #