

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90024 043 ***150.00

DOCUMENT # P93000055951

Entity Name
RADERS OCEAN RESORT 1993, INC.



Principal Place of Business
1800 SOUTH OCEAN BLVD.
SUITE 1406
POMPANO BEACH FL 33062
US

Mailing Address
1800 SOUTH OCEAN BLVD.
SUITE 1406
POMPANO BEACH FL 33062
US

03003000



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0432545

Applied For

Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KABRITA, FOUAD
1800 SOUTH OCEAN BLVD.
SUITE 1406
POMPANO BCH FL 33062

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent Signature required when reappointing) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete NAME: KABRITA, FOUAD STREET ADDRESS: 1800 SOUTH OCEAN BLVD. 1406 CITY-STATE-ZIP: POMPANO BCH FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
<input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____
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I, 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 an other like empowered.

SIGNATURE: _____ FOUAD KABRITA

Jan 14/2003 (954)946-2997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (10/02)

Attachment 953000055951

54034058

TRADERS OCEAN RESORT (1993) INC

1800 S.Ocean blvd., #1406
Pompano Beach, Florida 33162
USA

Montreal April 5th, 2004

Division of Corporations,
Uniform Business Report Filings
P.O. box 1500
Tallahassee, Florida 32302-1500
USA

RE: FEI NUMBER 65-0432545

Dear Sirs,

To date we did not received your form 2004 to be filled in, so in order for us to avoid penalty charges we are enclosing our cheque in the amount of \$150.00.

We hope that everything is to your entire satisfaction, we remain.

Yours truly,

F Kabrita

