

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 019 ***150.00

DOCUMENT # **P94000024572**
1. Entity Name
Seasonal Rentals and Sales, Inc.



DO NOT WRITE IN THIS SPACE

11041168

2. Principal Place of Business
3505 So. Ocean Dr.
Suite, Apt. #, etc.
3-B

3. Mailing Address
3505 So. Ocean Dr.
Suite, Apt. #, etc.
3-B

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33019

Country
Broward

Zip
33019

Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0483813

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name
AIDA ESTEVEZ
Street Address (P.O. Box Number is Not Acceptable)
7440 S.W. 136 St.
City
Miami **FL** **33156**

**DO NOT WRITE
IN THIS SPACE**

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

4-29-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAIDA ESTEVEZ 7440 S.W. 136 St. Miami, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

954 927-8911

CR2E034B (12/02)