

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 034 ***150.00

CR2E034 (10/02)

DOCUMENT # P95000095203

1. Entity Name
HURRICANE BEACH RENTAL, INC.



Principal Place of Business
3025 CEDLING AVE. MIAMI BEACH FL 33140

Mailing Address
8701 Collins Ave Miami Beach, FL 33140
20650 NE 25TH PL AVENTURA FL 33180



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

Zip Country **USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GALICIC, SHAWN A
20650 NE 25TH PL
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
SAME 20650 NE 25th Pl.

City **Aventura, FL FL** Zip Code **33180**

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 Shawn A. Galicic **SHAWN A. GALICIC** DATE **4-20-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PT	<input type="checkbox"/> Delete
NAME GALICIC, SHAWN	
STREET ADDRESS 20650 NE 25TH PL	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME GALICIC, WILLIAM	
STREET ADDRESS 343 FAUCE H RD	
CITY-ST-ZIP BRIDGEVILLE PA 15017	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME GALICIC, RITA	
STREET ADDRESS 343 FAUCE H RD	
CITY-ST-ZIP BRIDGEVILLE PA 15017	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VICE president	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEFF POTE	
STREET ADDRESS PO BOX 398362	
CITY-ST-ZIP MIAMI BEACH, FL 33239	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS mail to JEFF POTE	
CITY-ST-ZIP 20650 NE 25th Pl.	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS if PO not accepted. Aventura, FL 33180	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 all other like empowered.

SIGNATURE: Shawn A. Galicic **SIGNATURE REQUIRED** DATE **4-20-03** DAYTIME PHONE # **786-412-1481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR