

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90082 040 ***150.00

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DOCUMENT # P96000018598

1. Entity Name
SUN & SURF HOLDINGS, INC.



Principal Place of Business
**16115 S.W. 117TH AVENUE, SUITE 2
MIAMI FL 33177**

Mailing Address
**16115 S.W. 117TH AVENUE, SUITE 2
MIAMI FL 33177**

70034209



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

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

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number **65-0647474**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE PANI, HUGUETTE
16115 S.W. 117TH AVENUE, SUITE 2
MIAMI FL 33177

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: _____ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE P	<input type="checkbox"/> Delete DE PANI, HUGUETTE STREET ADDRESS 10425 SW 139TH CT CITY-ST-ZIP MIAMI FL
TITLE VP	<input type="checkbox"/> Delete DE PANI, GIOVANNI STREET ADDRESS 10425 SW 139 CT CITY-ST-ZIP MIAMI FL
TITLE TS	<input type="checkbox"/> Delete DE PANI, HUGUETTE STREET ADDRESS 10425 SW 139 CT CITY-ST-ZIP MIAMI FL
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition DePani Hugnette STREET ADDRESS 4506 SW 186TH Way CITY-ST-ZIP MIRAMAR FL 33029
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition DePani Giovanni STREET ADDRESS 4506 SW 186TH Way CITY-ST-ZIP MIRAMAR FL 33029
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition DePani Hugnette STREET ADDRESS 4506 SW 186TH Way CITY-ST-ZIP MIRAMAR FL 33029
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 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: SIGNATURE REQUIRED **President 305 233-1879**

DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)