

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90251 020 ***150.00

DOCUMENT # P96000041391

1. Entity Name
FLORIDA SUNBREAK, INC.



Principal Place of Business
828 WASHINGTON AVE
MIAMI BEACH FL 33139
US

Mailing Address
828 WASHINGTON AVE
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

855 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach FL

Zip

Country

Zip

Country

33139

US

4. FEI Number **65-0667941**

Applied For

Not Applicable

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

ELSINGER, DENNIS J
4070 HOLLYWOOD BLVD
STE 265-S
HOLLYWOOD FL 33021

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, 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

TITLE **P** ☐ Delete
NAME **SQUIRE, WILLIAM P III**
STREET ADDRESS **140 JEFFERSON AVE #14009**
CITY-ST-ZIP **MIAMI BCH FL**

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

TITLE **V** ☒ Delete
NAME **SQUIRE, THUY-A T**
STREET ADDRESS **140 JEFFERSON AVE #14009**
CITY-ST-ZIP **MIAMI.BCH.FL**

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

TITLE **V** ☐ Delete
NAME **PEARLSTONE, JUSTIN P**
STREET ADDRESS **18945 NE 30TH PLACE**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **S** ☐ Change ☒ Addition
NAME **Lieberman, Diane**
STREET ADDRESS **17955 NE 38 Ct. Ste 2904**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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)(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.

CR2E034 (10/02)

SIGNATURE: SIGNATURE REQUIRED

2/18/03 2:00 PM