

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 90995 037 \*\*\*150.00

**DOCUMENT # P96000075110**

1. Entity Name  
**SURF 'N SAND PROPERTIES, INC.**

Principal Place of Business <b>4452 WOODFIELD BOULEVARD                  BOCA RATON FL 33434</b>	Mailing Address <b>4452 WOODFIELD BOULEVARD                  BOCA RATON FL 33434-5310</b>
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**B0094588**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2900 North A1A                  Suite, Apt. #, etc.                  Apt. # PHGA                  City &amp; State                  N. Hutchinson Island, FL                  Zip                  34949                  Country                  USA</b>	3. Mailing Address <b>2900 North A1A                  Suite, Apt. #, etc.                  Apt. # PHGA                  City &amp; State                  N. Hutchinson Island, FL                  Zip                  34949                  Country                  USA</b>
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4. FEI Number <b>65-0699026</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MALVAN, MITCHELL B  
 4452 WOODFIELD BOULEVARD  
 BOCA RATON FL 33434**

**7. Name and Address of New Registered Agent**

Name <b>Malvan, Mitchell B.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2900 North A1A                  Apt. # PHGA</b>
City <b>N. Hutchinson Island, FL</b>
Zip Code <b>34949</b>

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.

SIGNATURE *M. B. Malvan* Mitchell B. Malvan, Pres. 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MALVAN, MITCHELL B 4452 WOODFIELD BOULEVARD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALVAN, BONNIE E 4452 WOODFIELD BOULEVARD BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELSHER, GARY 645 5TH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FELSHER, MICHAEL 645 5TH AVE NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *M. B. Malvan* Pres. 4/27/00 561-466-0301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)