

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90211 003 ***150.00

DOCUMENT # P96000075110

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



Principal Place of Business

**2900 NORTH A1A
APT # PHGA
N HUTCHINSON ISLAND FL 34949**

Mailing Address

**2900 NORTH A1A
APT # PHGA
N HUTCHINSON ISLAND FL 34949**

2. Principal Place of Business

**3000 North A1A
Apt. # 10A**

3. Mailing Address

115 Sandpointe Ct.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

N. Hutchinson Island, FL Vero Beach, FL

4. FEI Number

65-0699026

Applied For

Not Applicable

Zip

34949

Country

U.S.A.

Zip

32963

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALVAN, MITCHELL B
2900 NORTH A1A
APT # PHGA
N HUTCHINSON ISLAND FL 34949**

7. Name and Address of New Registered Agent

Name **Malvan, Mitchell B.**

Street Address (P.O. Box Number is Not Acceptable)

3000 North A1A

Apt. # 10A

City **N. Hutchinson Island FL**

Zip Code **34949**

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 **M. B. Malvan**
Signature, typed or printed name of registered agent and title if applicable.

Mitchell B. Malvan

(NOTE: Registered Agent signature required when reinstating)

2/11/03

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 **PTD** ☐ Delete
NAME **MALVAN, MITCHELL B**
STREET ADDRESS **2900 NORTH A1A APT PHGA**
CITY-ST-ZIP **N HUTCHINSON ISLAND FL 34949**

TITLE **S** ☐ Delete
NAME **MALVAN, BONNIE E**
STREET ADDRESS **2900 NORTH A1A APT PHGA**
CITY-ST-ZIP **N HUTCHINSON ISLAND FL 34949**

TITLE **VD** ☐ Delete
NAME **FELSHER, GARY**
STREET ADDRESS **645 5TH AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **V** ☐ Delete
NAME **FELSHER, MICHAEL**
STREET ADDRESS **645 5TH AVE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Malvan, Mitchell B.**
STREET ADDRESS **3000 North A1A Apt. 10A**
CITY-ST-ZIP **N. Hutchinson Island, FL 34949**

TITLE **S** ☒ Change ☐ Addition
NAME **Malvan, Bonnie E.**
STREET ADDRESS **3000 North A1A, Apt. 10A**
CITY-ST-ZIP **N. Hutchinson Island, FL 34949**

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

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

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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.

SIGNATURE:

M. B. Malvan **REQUIRE** **Mitchell B. Malvan, Pres 2/11/03 772-466-0301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)