2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **P97000034295**

1. Entity Name

SAN TAHOE PROPERTIES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90026 045 ***150.00

						GOD WE THE							
660 NE 11TH	ce of Business I AVE ERDALE FL 3330	Mailing Address 303 NE 9TH AVE FT. LAUDERDALE FL 33301											
1													
Principal Place of Business					····							1	
Suite, Apt	# etc		Ç.,;	te, Apt. #, etc.			_						
outo, Apr.	ile, Api. #, etc.	7,50.00			☐ CHECK HERE IF MAKING CHANGES								
City & Star	te		City & State				4.	4. FEI Number 65-0754718			A	pplied For	
Zip Country			_ Zip Co			ountry		05 07547 10				ot Applicable	1
						rund y		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	nd Address of Current Re	egister	ed Agent	- <u> </u>		7.	Name and Address of New Reg	istere	d Ager	nt		<u>_</u>
14/2100 1		,				Name		•					
WEISS, N						Street Address (P.O. Box Number is Not Acceptable)						1	
303 NE 9		. 00004										·	4
FUR! LA	UDERDALE F	L 33301											
						City			F	<u>L</u> '	Zip Coo	de	
8. The above	named entity s	submits this statement for the	he pur	oose of changing its r	egister	ed office or regis	tered ag	ent, or both, in the State of Florid	la. I ar	n famil	iar with,	and accept	1
the obligat	tions of register	ed agent.											
SIGNATURE .	Signature hand or	printed name of registered agent and	Leal - Se -	E III									ĺ
-		· · · · · · · · · · · · · · · · · · ·	ппетар	plicable. (NOTE:	Hegistere	d Agent signature requ	ired when re	einstating)	DATE			•	_
15		FEE IS \$150.00 Fee will be \$550.00						9. Election Campaign Finar	cing		\$5.0)0 May Be	
		Torida Department of S	State					Trust Fund Contribution.				d to Fees	
10.		OFFICERS AND DI	RECTO	DRS	11.		ΑĽ	L DITIONS/CHANGES TO OFFICE	ERS AN	ID DIR	ECTOR	S IN 11	-
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NAME					NAME					البيبا	ungu		
STREET ADDRESS						ET ADDRESS							
CITY-ST-ZIP					CITY-	ST-7IP							1

12. I hereby certify that the information supplied with this fing 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 dustee and the effect of the 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 of the 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 of the 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 of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Delete

president

1/6/03 9

954 527 8890

Daytime Phone #

Change

Change

☐ Addition

Addition