

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90069 022 ***163.75

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DOCUMENT # P98000009588

1. Entity Name
SOUTH BEACH RESORT PROPERTIES, INC.



Principal Place of Business
**4841 SAXON DRIVE
NEW SMYRNA BEACH FL 32169**

Mailing Address
**4841 SAXON DRIVE
NEW SMYRNA BEACH FL 32169**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3489889**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MORENO, DIANE B
4841 SAXON DRIVE
NEW SMYRNA BEACH FL 32169**

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]*

3/3/03

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
NAME **MORENO, SAMUEL J** Delete
STREET ADDRESS **22 BLUE HERON LANE**
CITY-ST-ZIP **EDGEWATER FL 32141-4211**

TITLE
NAME **MORENO MARILYN J** Change Addition
STREET ADDRESS **518 BAYTREE BLVD.**
CITY-ST-ZIP **TAVARES, FLORIDA 32778**

TITLE
NAME **MORENO, DIANE B** Delete
STREET ADDRESS **4841 SAXON DRIVE C202**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 (386) 427-7577
Date Daytime Phone #

CP2E034 (10/02)