

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90026 006 \*\*\*150.00

**DOCUMENT # P98000044994**

**1. Entity Name**  
**SEA BIRD APARTMENTS OF POMPANO BEACH, INC.**

**Principal Place of Business**

**3225 N.E. 6TH STREET**  
**POMPANO BEACH FL 33062**

**Mailing Address**

**3225 N.E. 6TH STREET**  
**POMPANO BEACH FL 33062**

**2. Principal Place of Business**

**3. Mailing Address**

**PO Box 460098**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**FR. LAUD FL**

**4. FEI Number**

**65-0839230**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**33316**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**MARTENS, JAN A**  
**3225 N.E. 6TH STREET**  
**POMPANO BEACH FL 33062**

**Name**

**JAMES E. DUSEK**

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

**301 SE 20 Street**

**FR. LAUDERDALE**

**City**

**FL**

**Zip Code**

**33316**

**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** *James E. Dusek*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-12-02**

**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, 2002 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**

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

**TITLE** **PSD**  
**NAME** **CRUZ, FELIX**  
**STREET ADDRESS** **3225 N.E. 6TH ST.**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33062**

☒ Delete

**TITLE** **KATHRYN HOLTZMAN**  
**NAME** **Personal Rep. of Estate**  
**STREET ADDRESS** **301 SE 20 Street**  
**CITY-ST-ZIP** **FR. LAUD. FL 33316 P.S.D.**

☒ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ 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:** *Kathryn Holtzman* **personal** **4-12-02** **9547631839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)