## **UNIFORM BUSINESS REPORT (UBR)** P98000044994 DOCUMENT # 1. Entity Name SEA BIRD APARTMENTS OF POMPANO BEACH, INC. Mailing Address Principal Place of Business

SECRETARY OF

PO BOX 460098 3225 N.E. 6TH STREET POMPANO BEACH FL 33062 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0839230 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON DUSEK, JAMES 501 SE 20 STREET FORT LAUDERDALE FL 33316 8. The above named entity submits this statement to 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 WILLIAM E JOHNSON **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE TITLE Delete NAME HOLTZMAN, KATHRYN NAME STREET ADORESS STREET ADDRESS 301 SE 20 STREET SUDEROME 33316 ORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change Addition Delete TITLE: TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME

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 changed, or on an attachment with an address, with all other tips empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition

## Kathryn Holtzman, Esquire

A Professional Association

412 SE 23rd Street, Ft. Lauderdale, FL 33316 • Mail: P.O. Box 460098, Ft. Lauderdale, FL 33346-0098 Phone: (954) 763-1839 • Fax: 954-767-9995 • Email: ladylaw@usa.com • Website: www.ladylaw.us

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**Broward County Bar** 

August 5, 2003

Pat Bailey, Accountant II Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, Florida 32314

Re:

Sea Bird Apartments of Pompano Beach, Inc.

Debit Memo #: 34589-A Document #: P98000044994

600022186536 08/11/03--01003--012 \*\*165.00

Dear Ms. Bailey:

As per our telephone conversation on Monday, August 4, 2003, I am relaying once again that neither myself nor my office received notice of the returned check for annual fees for the above-mentioned corporation. I am asking for a waiver and reinstatement of the corporation to an active corporation. I am very sorry that there has been any problem in this account.

Enclosed you will find a check for \$165.00 to pay for the fees that we discussed.

Very truly yours.

Kathryn Holtzman, Esquire

KH/tlf

Encl.

C:\ClientA-M\Cruz\FDORCorpDis03.ltr