

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90032 018 ***150.00

A0049582

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000100340 1. Entity Name ATLANTIC SEA BREEZE INVESTMENTS, INC.						<div style="text-align: right;">FILED</div> <div style="text-align: center;">Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90032 018 ***150.00</div>					
Principal Place of Business 850 OCEAN DRIVE #301 MIAMI BEACH, FL 33139				Mailing Address ERNEST HARTMAN, CPA 6365 TAFT STREET SUITE 3003 HOLLYWOOD, FL 33024				<div style="font-size: 2em; font-weight: bold;">A0049582</div> DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country									
4. FEI Number 95-4723401		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent STONE, ADELE I ESQ. 1946 TYLER STREET HOLLYWOOD, FL 33020						7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"><div>Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right;">FL Zip Code</div></div></div>					
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when reinstating) DATE _____											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)						FILE NOW!!! FEE IS \$150.00. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS						12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BUSBY, JHERYL c/o 9100 WILSHIRE BLVD. #1000W BEVERLY HILLS, CA 90212					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jheryl Busby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date: <u>4/5/01</u> Daytime Phone #: <u>954-981-7940</u>					