

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90139 041 ***150.00

DOCUMENT # P98000100340

1. Entity Name

ATLANTIC SEA BREEZE INVESTMENTS INC.



42006230



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
850 OCEAN DRIVE #301
MIAMI BEACH FL 33139

Mailing Address
ERNEST HARMAN, CPA
6365 TAFT ST., SUITE 3003
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address
6363 TAFT Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State
Hollywood, FL

Zip

Country

Zip
33024

Country

USA

4. FEI Number 95-4723401

Applied For

Not Applicable

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

STONE, ADELE I ESQ.
1946 TYLER STREET
HOLLYWOOD FL 33020

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, 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 P
NAME BUSBY, JHERYL
STREET ADDRESS C/O 9100 WILSHIRE BLVD., #1000W
CITY-ST-ZIP BEVERLY HILLS CA 90212

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)