

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90024 022 \*\*\*150.00

**DOCUMENT # P99000010436**

1. Entity Name

**TIDE APARTMENTS, INC.**

Principal Place of Business      Mailing Address  
 2800 N. SURF ROAD      2800 N. SURF ROAD  
 HOLLYWOOD FL 33019      HOLLYWOOD FL 33019-3610

653250

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0897809      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STEVENS, KENNETH G  
 412 NE 4TH STREET  
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent  
 Name: CLAUDIA HERZOG  
 Street Address (P.O. Box Number is Not Acceptable): 2800 N. SURF ROAD  
 City: HOLLYWOOD FL Zip Code: 33019

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: *Claudia Herzog* CLAUDIA HERZOG      DATE: 4/20/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2000 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, KENNETH G	NAME	KARL HERZOG
STREET ADDRESS	412 NE 4TH STREET	STREET ADDRESS	2800 N. SURF ROAD
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CLAUDIA HERZOG
STREET ADDRESS		STREET ADDRESS	2800 N. SURF ROAD
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Claudia Herzog* CLAUDIA HERZOG      DATE: 4/20/00      Daytime Phone #: 954-923-3864  
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)