2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000047356 **DOCUMENT #**

1. Entity Name

CALAIS ON THE WATER, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90159 008 ***150.00

2. Principe Flace of Business 3. Mailing Additions Suite, April 4, etc. Crip & State A. FEI Number 65-0926868 Applications Applic	241 N COCONUT LN MIAMI BEACH FL 33139		P.O. BOX 398443	Mailing Address P.O. BOX 398443 MIAMI BEACH FL 33239						
City & State City & State City & State City & State A. FEI Number S5-092888	2. Principal Plac	e of Business	3. Mailing Address	3. Mailing Address						
Country Zip Country Zip Country S. Cartification of States Desired St. 75 Additional Pere Proposed Fee Proposition	Suite Apt. #, e	etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent. PULIDO, MARIA C 241 N COCONUT IN MAMI BEACH FL 33139 City FL Zir Code City FL Code City FL Zir Code City FL Code City FL Zir Code City FL Code City City FL Code City City City FL Code City City FL Code City City City FL Code City City City City FL Code City	City & State		City & State	City & State		4. FEI Number 65-0928686				
PULIDO, MARIA C 241 N COCONUT LN MIAMI BEACH FL 33139 6. The above named entity submits fine statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent of register	Zip		Zip	Country		5. Certificate of Sta	atus Desired			
PULIDO, MARIA C 241 N COCONUT LN MAMI BEACH FL 33139 City FL Zip Code City FL Zip Code City FL Zip Code 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 THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. NAME PULDO, MARIA C STREET ADDRESS CITY-ST-2P THE NAME SIREST ADDRESS			rrent Registered Agent	Registered Agent			7. Name and Address of New Registered Agent			
241 N COCONUT LN MAMI BEACH FL 33139 City FL Zip Code				1	Vame	<u> </u>		-		
MAME BEACH FL 33139 City FL Zip Code				Street Addre		s (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 diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations or registered agent and time is speciable. (NOTE Registered Agent signature required when introducing) DATE FILE NOW!!! FEE IS \$150.00				<u> </u>						
8. The above named entity submits his 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 collegations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STRET ADDRESS CITY-S1-2P FILE NOW!!! The COORDIT LANE STRET ADDRESS CITY-S1-2P TITLE MAMB BEACH FL 33139 TITLE Delete Delete Delete TITLE Delete Delete Delete Delete Delete Delete TITLE Delete Del	MIAMI BEACH									
THE CONTROL TO THE CO		,						-	ĺ	
Atter May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	the obligations	s of registered agent. ફ્રે						familiar with,	and accept	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	After M Make Check Pa	ay 1, 2003 Fee will be \$55 ayable to Florida Departm	0.00 ent of State			Trust Fur	nd Contribution.	☐ Added	d to Fees	
NAME STREET ADDRESS CITY-ST-ZIP PULIDO, MARIA C 241 N COCONUT LANE (ITY-ST-ZIP MIAMI BEACH FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		77.5			-	ADDITIONS/CHAP	IGES TO OFFICERS AN			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	
MIMMI BEACH FL 33139 CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP										
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			*1		ı					
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	CHY-SI-ZIP MI	AMI BEACH FL 33139		CITY-ST-	ZIP				i	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		•	I						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					- 1		-		ļ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITT-ST-ZIP			CI14-81-	ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		ي محصومات	•			_	-	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Į.									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				——————————————————————————————————————	211					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					☐ Change	L Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					JUNESC .				}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	•									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		***************************************			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			. L. Delete			•		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			•		INRESS				}	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change Addition NAME CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE C										
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			—————————————————————————————————————						TT AMARCA	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			∟ Delete					□ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP					IDBESS				}	
	i i		•							
		fy that the information supplier	d with this filing does not qualify			action 110 07/21/i) Flav	rida Statutan I further an	etifu that the !-	oformation	

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 attachmer

SIGNATURE: