

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90284 008 \*\*\*150.00

**DOCUMENT # P99000064141**

1. Entity Name

BIARRITZ APT. CORPORATION



Principal Place of Business

9882 E. BAY HARBOR DRIVE, #2  
BAY HARBOR ISLAND FL 33154

Mailing Address

POST OFFICE BOX 546272  
SURFSIDE FL 33154

2. Principal Place of Business

950 Biarritz Drive

3. Mailing Address

P.O. Box 414291

Suite, Apt. #, etc.

Miami Beach FL

City, & State

Miami Beach FL

City & State

33141

Zip

33141

Country

Dade

Country

Dade



MOORE

CR2E034 (11/03)

4. FEI Number

65-0938361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUBER, LYNETTE  
9882 E. BAY HARBOR DRIVE, #2  
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent

Name

Huber, Lynnette

Street Address (P.O. Box Number is Not Acceptable)

950 Biarritz Dr. #4

Miami Beach

City

FL

Zip Code

33141

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, 2004 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

TITLE P ☐ Delete  
NAME HUBER, KARL  
STREET ADDRESS 9882 E. BAY HARBOR DRIVE, #2  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE V ☐ Delete  
NAME HUBER, LYNETTE  
STREET ADDRESS 9882 E. BAY HARBOR DRIVE, #2  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME HUBER, KARL  
STREET ADDRESS 950 Biarritz Dr. #4  
CITY-ST-ZIP Miami Beach FL 33141

TITLE V ☒ Change ☐ Addition  
NAME HUBER, Lynnette  
STREET ADDRESS 950 Biarritz Dr. #4  
CITY-ST-ZIP Miami Beach FL 33141

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Lynnette Huber* (Lynnette Huber)

4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #