

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90164 038 ***150.00

DOCUMENT # S92135

1. Entity Name

SURF-RIVIERA BEACH, INC.

Principal Place of Business

**2407 N OCEAN AVE
SINGER ISLAND FL 33404
US**

Mailing Address

**2427 E OCEAN AVE
WEST PALM BEACH FL 33404
US**

2. Principal Place of Business

2427 E. Ocean Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

4. FEI Number

65-0299627

Applied For

Not Applicable

Zip

33404

Country

PB

Zip

Country

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

6. Name and Address of Current Registered Agent

**BRACHA, MOSHE
413 WOODVIEW CIRCLE
WEST PALM BEACH FL 33418**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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.
(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ZISLIN, DAVID	
STREET ADDRESS	1050 LAKE SHORE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRACHA, MOSHE	
STREET ADDRESS	2427 E OCEAN AVE	
CITY-ST-ZIP	SINGER ISLD. FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)