

2002 UNIFORM BUSINESS REPORT (UBR)

1/28

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-28-2002 90056 032 ****70.00

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1. Entity Name

SOUTH BEACH NSP, INC.

Principal Place of Business

900 BAY DRIVE NUMBER 1001
 MIAMI BEACH FL 33141

Mailing Address

900 BAY DRIVE NUMBER 1001
 MIAMI BEACH FL 33141

10014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3827723

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, LAWRENCE
 4740 NW 157 STREET
 MIAMI LAKES FL 33014

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT-TREASURER	LAWRENCE KAPLAN, D	900 BAY DR 1001	MIAMI BCH FL 33141	<input type="checkbox"/>
VICE PRESIDENT-SECRETARY	DONNA WIEDEMA, D	6865 NW 169 ST #6	MIAMI FL 33015	<input type="checkbox"/>
DIRECTOR	RITA STARR, D	1810 MICHIGAN AVE	MIAMI BCH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 lines empowered.

SIGNATURE:

LAWRENCE KAPLAN
 SIGNATURE REQUIRED PRESIDENT

11-02 305-430-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)