

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N25761**

1. Entity Name

**NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEA**

Principal Place of Business

Mailing Address

**300 71ST STREET, SUITE 502  
MIAMI BEACH FL 33141**

**300 71ST STREET, SUITE 502  
MIAMI BEACH FL 33141-3038**

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

**65-0011853**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD**  Delete  
NAME **RAMOS, MARGUERITE**  
STREET ADDRESS **1701 BAY DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **BURKETT, CHARLES**  
STREET ADDRESS **801 ALTON RD STE 2**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **SWEDROE, LULU**  
STREET ADDRESS **1111 LINCOLN ROAD**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **KAHN, DONALD ESQ.**  
STREET ADDRESS **627 71ST STREET**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **GROSS, HOWIE**  
STREET ADDRESS **407 LINCOLN RD**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90170 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

*5/3/00*      *305-865-4147*