## UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am N25761 # MENT ששטים 1. Entity Name **Secretary of State** North Beach Development Corporation of Miami Beach, Inc 02-01-2001 90190 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 300 mist Street 300 Tist Street Suite 502 Miami Beach, FL 33141 suite 502 Miami Beach, FL 33141 A0017982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>65-0011853</u> Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Corporation Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, FL 32301 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \_10,\_Election.Campaign.Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Secre+ary ☐ Change TITLE 🎾 Secretary Delete TITLE 🅽 NAME Marquerite Ramos NAME mike Thompson STREET ADDRESS STREET ADDRESS 2140 Colais Drive 1701 Bay Drive CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33141 Miami Beach, PL 33141 President ☐ Change TITLE **D** TITLE **D** Dresident NAME NAME charles Burkett Jerry Libbin STREET ADDRESS STREET ADDRESS 1125 N. shore Drive Boi, Alton Road, Suite #2 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 Miami Beach, FL 33141 Vice Presiden Vice President 🔀 Addition TITLE D ☐ Change TITLE D Lulu swedroe Brian Kraus NAME NAME IIII Lincoln Road STREET ADDRESS STREET ADDRESS 7486 Ocean Terrock CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33139 Miami Beach, FL 3314 Change ☐ Delete TITLE Addition TITLE Treasurer Donald Kahn NAME NAME in address STREET ADDRESS BIT TIST Shreet STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Brach, FL 33141 Vice President Addition TITLE ☐ Delete Howie Gross NAME STREET ADDRESS 407 Lincoln Road STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP miami Beach, FL 33141 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OF