

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90024 029 ****61.25

DOCUMENT # N25761

1. Entity Name
NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEACH, INC.

Principal Place of Business Mailing Address
 300 71ST SUITE 502 MIAMI BEACH FL 33141 *change*
 300 71ST SUITE 502 MIAMI BEACH FL 33141 *change*

B0014923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **500 71st Street**
 Suite, Apt. #, etc.

3. Mailing Address **500 71st Street**
 Suite, Apt. #, etc.

City & State **Miami Beach, FL**
 Zip **33141** Country **USA**

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 Zip **33141** Country **USA**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	DP	<input type="checkbox"/> Delete
NAME	LIBBIN, JERRY	
STREET ADDRESS	1125 N. SHORE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KRAUS, BRIAN	
STREET ADDRESS	7436 OCEAN TERRACE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KAHN, DONALD ESQ.	
STREET ADDRESS	317 71ST STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROSS, HOWIE	
STREET ADDRESS	407 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, MIKE	
STREET ADDRESS	2140 CALAIS DRIVE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Orear	
STREET ADDRESS	7330 Ocean Terrace, # 2704	
CITY-ST-ZIP	Miami Beach, FL 33141	
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		

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 like empowered.

SIGNATURE: *Signature* **RECORDED** **Jan. 14, 2002 305-865-4147**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)