

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90109 042 \*\*\*150.00

**DOCUMENT # P98000043130**

1. Entity Name

**SOUTH BEACH PENTHOUSE INC.**

Principal Place of Business

Mailing Address

**NRAI SERVICES, INC.  
 526 E PARK AVE  
 TALLAHASSEE FL 32301  
 US**

**C/O LOEB, BLOCK & PARTNERS, LLP  
 505 PARK AVE  
 NEW YORK NY 10022-1106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3511874**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
 526 E PARK AVE  
 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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DS <input type="checkbox"/> Delete	<b>BERKE, HOWARD</b> 505 PARK AVE, 9TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV <input type="checkbox"/> Delete	<b>SELZER, HERBERT M</b> 505 PARK AVE, 9TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DP <input type="checkbox"/> Delete	<b>WACKSMAN, JEFFREY</b> 505 PARK AVE, 9TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP</b> <b>MARIO GARNERO</b> C/O 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)