

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000002700

**Entity Name:** MIAMI BEACH UNITED, INC.

**Current Principal Place of Business:**

1125 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1125 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 US

**FEI Number:** 45-4757086

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GROSS, SAUL  
1125 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 US

*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:** SAUL GROSS

09/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FRANK, HERB  
Address 10 VENETIAN WAY #2201  
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER, DIRECTOR  
Name GROSS, SAUL  
Address 2900 FLAMINGO DR  
City-State-Zip: MIAMI BEACH FL 33140

Title PRESIDENT, DIRECTOR  
Name LIEBMAN, NANCY  
Address 9 ISLAND AVE #408  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, DIRECTOR  
Name HAMMON, MIKE  
Address 2371 NORTH BAY ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name NEEDLE, MARK  
Address 910 LENOX AVENUE #4  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name SOSA, HERB  
Address 831 9TH STREET  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name FLOREZ, CHRISTINE  
Address 800 WEST AVENUE 238  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name KRAVITZ, ADAM  
Address 2982 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAUL GROSS

TREASURER

09/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOKHA, PAUL  
Address 95 SOUTH SHORE DRIVE  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR  
Name URSTADT, CHARLES  
Address 16 ISLAND AVENUE  
1A  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name RITUS, MICHAEL  
Address 4175 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name PASKAL, KIRK  
Address 7915 CRESPI BOULEVARD  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR  
Name SAMUELIAN, MARK  
Address 10 VENETIAN WAY  
1502  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name MOUZON, WANDA  
Address 744 10TH STREET  
111  
City-State-Zip: MIAMI BEACH FL 33139