

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0225439 AV

DOCUMENT # **F00000005399**

1. Entity Name
MID-BEACH MANAGEMENT, INC.

02-19-2002 90121 045 ***150.00

Principal Place of Business
1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address
4333 COLLINS AVE.
EXECUTIVE OFFICE
MIAMI FL 33140



2. Principal Place of Business
4343 COLLINS AVENUE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State

4. FEI Number **65-1058895**

Applied For
 Not Applicable

Zip **33140** Country **U.S.A.**

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

MANASTER, JOSHUA D ESQUIRE
1428 BRICKELL AVENUE
MIAMI FL 33131

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

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, 2002 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

TITLE <input checked="" type="checkbox"/> DP	<input type="checkbox"/> Delete
NAME NEISS, FAY	
STREET ADDRESS 1860 FLATBUSH AVENUE	
CITY-ST-ZIP BROOKLYN NY 11210	
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME NEISS, JACOB	
STREET ADDRESS 1860 FLATBUSH AVENUE	
CITY-ST-ZIP BROOKLYN NY 11210	
TITLE <input checked="" type="checkbox"/> DS	<input type="checkbox"/> Delete
NAME NEISS, CHARLES	
STREET ADDRESS 1860 FLATBUSH AVENUE	
CITY-ST-ZIP BROOKLYN NY 11210	
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME KANOFF, SYLVIA	
STREET ADDRESS 4333 COLLINS AVE.	
CITY-ST-ZIP MIAMI FL 33140	
TITLE <input checked="" type="checkbox"/> VP	<input type="checkbox"/> Delete
NAME KANOFF, MICHAEL	
STREET ADDRESS 4333 COLLINGS AVE.	
CITY-ST-ZIP MIAMI FL 33140	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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]* **VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)