

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004236

1. Entity Name

SUPERIOR BEACH RESIDENCES, LTD., INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90015 011 ***150.00

Principal Place of Business

5273 SW 71 PL
ATTN: PAUL GIRAUD
MIAMI FL 33155

Mailing Address

ATTN: PAUL GIRAUD
7010 SW 48 LANE
MIAMI FL 33155-5602

2. Principal Place of Business

7010 S.W. 48 Lane

Suite, Apt. #, etc.

3. Mailing Address

7010 SW 48 LANE

Suite, Apt. #, etc.

City & State

Miami, FL 33155

City & State

MIAMI, FL

Zip

Country

33155

USA

Zip

33155

Country

USA

4. FEI Number

65-0782055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VODA, TIMOTHY
628 6TH ST.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name JEAN-CLAUDE REBOUL

Street Address (P.O. Box Number is Not Acceptable)
7010 SW 48 LANE

City MIAMI

FL

Zip Code 33155

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

J REBOUL VICE-PRESIDENT
JEAN-CLAUDE REBOUL

DATE

4/25/00

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

TITLE DPST
NAME GIRAUD, PAUL
STREET ADDRESS 5273 SW 71ST PL.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE VD
NAME REBOUL, JEAN-CLAUDE
STREET ADDRESS 7010 SW 48 LN
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *J REBOUL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-CLAUDE REBOUL 4/25/00 (305) 662-7986

Date

Daytime Phone #

CR2E034 (9/93)