

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 040 ***150.00

DOCUMENT # K42128 ✓

1. Entity Name

SOUTH BEACH DEVELOPMENT CORP

DO NOT WRITE IN THIS SPACE

822461

2. Principal Place of Business

523 Michigan Ave

Suite, Apt. #, etc.

3. Mailing Address

523 Michigan Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0084213

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jonathan Fryd

Street Address (P.O. Box Number is Not Acceptable)

523 Michigan Ave

City

Miami Beach

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SDU
SCOTT ROBINS
230 52 ST
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO
DAVID SCHARLIN
3635 BATTERSEA RD
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RANDALL FISHER
7540 SW 114 ST
MIAMI FL 33156

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT ROBINS

Date

Daytime Phone #

305-673-2948

CR2E034B (12/01)