

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90274 029 \*\*\*\*50.00

DOCUMENT # L 01000010207

1. Entity Name:

SOUTH BEACH MB, L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

100 S.E. 2nd Street

40 Collins

Suite Apt. #, etc.

Suite Apt. #, etc.

# 3920

100 S.E. 2nd Street # 3920

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33131

Country U.S.

Zip 33131

Country U.S.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING  
 100 S.E. 2ND STREET, SUITE 3920  
 MIAMI FL 33131

Name CHRISTINA COLLINS

Street Address (P.O. Box Number is Not Accepted)  
 100 S.E. 2nd Street  
 # 3920

City Miami Beach FL Zip Code 33131

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

Christina Collins CHRISTINA COLLINS 4-29-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM IRVING SHIMOFF ☐ Delete  
 STREET ADDRESS 100 S.E. 2ND STREET, SUITE 3920  
 CITY-ST-ZIP MIAMI FL 33131

TITLE NAME CHRISTINA COLLINS ☐ Change ☒ Addition  
 STREET ADDRESS 100 S.E. 2nd Street Mgr.  
 CITY-ST-ZIP #3920 MIAMI, FL 33131

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Christina Collins CHRISTINA COLLINS 4-29-02 305-374-5343