2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90274 028 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021603

1. Entity Name
SOUTH BEACH MANOR, L.C.

Principal Place of Business | Mailing Address

2. Principal Place of Business: 100 S.E. 2nd Street
Suite, Apt. #, etc.: Suite 3920
City & State: MIAMI, FL
Zip: 33131 Country: U.S.

3. Mailing Address: c/o C. COLLINS 100 S.E. 2nd Street
Suite, Apt. #, etc.: Suite 3920
City & State: MIAMI, FL
Zip: 33131 Country: U.S.

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name: CHRISTINA COLLINS
Street Address (P.O. Box Number is Not Acc.): 100 S.E. 2nd Street Suite 3920
City: MIAMI 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, [signature] DATE: 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	IRVING SHIMOFF	NAME	CHRISTINA COLLINS
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 3920	STREET ADDRESS	100 S.E. 2nd Street
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	#3920, MIAMI, FL 33131
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] CHRISTINA COLLINS 4-29-02 305-374-5343
SIGNATURE OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #