

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69293

1. Entity Name

SOUTH BEACH INDUSTRIES, INC.

Principal Place of Business

2100 PRAIRIE AVE  
MIAMI BEACH FL 33139

Mailing Address

PO BOX 331033  
P. O. BOX 331033  
MIAMI FL 33233-1033  
US

2. Principal Place of Business

1025 ALTON RD  
Suite, Apt. #, etc. #602

3. Mailing Address

1025 ALTON RD  
Suite, Apt. #, etc. #602

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0229502

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAFARO, JOSEPH G.  
2100 PRAIRIE AVE.  
MIAMI BEACH FL 33139

Name

Joseph Cafaro

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

1025 ALTON RD #602

City

Miami Beach FL

Zip Code

33139

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

Joseph Cafaro

JOSEPH CAFARO President

4-12-00

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CAFARO, JOSEPH	
STREET ADDRESS	2870 PINETREE DR., #F3	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph CAFARO	
STREET ADDRESS	1025 ALTON RD #602	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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)(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:

Joseph Cafaro

4-12-00

305 903-0512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)