

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55492

1. Entity Name

SOUTH BEACH PARTNERS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90029 034 ***150.00

Principal Place of Business

Mailing Address

2333 PONCE DE LEON BLVD
PH. 1100
CORAL GABLES FL 33134

2333 PONCE DE LEON BLVD
PH. 1100
CORAL GABLES FL 33134-5427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

255 Aragon Avenue
Suite, Apt. #, etc.
Ph 301

255 Aragon Ave.
Suite, Apt. #, etc.
Ph 301

City & State
Coral Gables, FL
Zip
33134 Country
USA

City & State
Coral Gables, FL
Zip
33134 Country
USA

4. FEI Number 59-2825090

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

WESTON, ANDREW R.
2333 PONCE DE LEON BLVD PH-1111
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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) ☐

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	D	<input type="checkbox"/> Delete
NAME	COBB, SUE M.	
STREET ADDRESS	2333 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEMPLE, JOHN W.	
STREET ADDRESS	2300 N.W. CORPORATE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUBIN, BILL	
STREET ADDRESS	2300 N.W. CORPORATE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	WESTON, ANDREW R.	
STREET ADDRESS	2333 PONCE DE LEON BLVD PH-1111	
CITY-ST-ZIP	CORAL GABLES 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"/> 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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)