

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90298 008 ***150.00

DOCUMENT # M55492

1. Entity Name

SOUTH BEACH PARTNERS, INC.

Principal Place of Business

255 ARAGON AVE
PH-001
CORAL GABLES FL 33134

Mailing Address

255 ARAGON AVE
PH-001
CORAL GABLES FL 33134

2. Principal Place of Business

255 Aragon Ave

3. Mailing Address

255 Aragon Ave

Suite, Apt. #, etc.

Suite 333

Suite, Apt. #, etc.

Suite 333

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

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)

255 Aragon Ave, Suite 333

City

Coral Gables

FL

Zip Code

33134

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

Robert R. Weston

ANDREW R. WESTON

4/10/01

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, 2001 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 checked="" type="checkbox"/> Delete
NAME	TEMPLE, JOHN W.	
STREET ADDRESS	2300 N.W. CORPORATE BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" 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	PD	<input type="checkbox"/> Delete
NAME	CHARLES E. COBB JR	
STREET ADDRESS	255 ARAGON AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	255 Aragon Ave, Suite 333
CITY-ST-ZIP	Coral Gables FL 33134
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTS
STREET ADDRESS	255 Aragon Ave, Suite 333
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD President Director
STREET ADDRESS	CHARLES E. COBB JR Chairman
CITY-ST-ZIP	255 Aragon Avenue Suite 333
	CORAL GABLES, FL 33134
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:

Robert R. Weston ANDREW R. WESTON

4/10/01

305 441 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)