

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001215
 1. Entity Name
 3MS OF SOUTH BEACH LLC

FILED

00 DEC 15 PM 3:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 415 MADISON AVENUE
 10TH FL
 NEW YORK NY 10017

Mailing Address
 415 MADISON AVENUE
 10TH FL
 NEW YORK NY 10017-1111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1120 Collins Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 344 Plaza Real
 Suite, Apt. #, etc.

City & State
 Miami Beach FL
 Zip
 33139
 Country
 Dade/Miami

City & State
 Boca Raton FL
 Zip
 33432
 Country
 Palm Beach

4. FEI Number
 NOT APPLICABLE
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 Deborah D. Skipper **Deborah D. Skipper** 12-15-00
 Signature, typed or printed name of registered agent and if not applicable. (NOTE: Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -12/21/00--01093--027
 ****150.00 ****150.00

REINSTATEMENT 2000

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: X **SIGNATURE REQUIRED** 10/30/00 561-393-6275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0012530 AF

CR2E083 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 933461 7234036

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 15, 2000

ORDER TIME : 1:58 PM

ORDER NO. : 933461-005

CUSTOMER NO: 7234036

CUSTOMER: Mr. Thomas Bertorelli
Mark's South Beach
344 Plaza Real

Boca Raton, FL 33432

DOMESTIC FILINGS

NAME: 3MS OF SOUTH BEACH LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 9, 2000

3MS OF SOUTH BEACH LLC
1120 COLLINS AVENUE
MIAMI BEACH, FL 33139

Return to: CSC
1201 Hays Street
Tallahassee, FL 32301

SUBJECT: 3MS OF SOUTH BEACH LLC
Ref. Number: M99000001215

We have received your document for 3MS OF SOUTH BEACH LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 000A00058082

RESUBMIT

Please give original
submission date as file date.

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2000 DEC 15 PM 3:11
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING