

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 021 ****61.25

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1. Entity Name

SOUTH BEACH CHAMBER ENSEMBLE, INC.



Principal Place of Business

**1300 PENNSYLVANIA AVE STE 8C
MIAMI BEACH FL 33139**

Mailing Address

**1300 PENNSYLVANIA AVE STE 8C
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1087701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, MICHAEL T
1300 PENNSYLVANIA AVE STE 8C
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Andrews

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/05

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, MICHAEL T	
STREET ADDRESS	1300 PENNSYLVANIA AVE STE 8C	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLTZ, RUTH	
STREET ADDRESS	705 SE 3RD COURT	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERLINE, HOLLY	
STREET ADDRESS	10706 NE 9 AVE	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANDLEY, WILLIAM L	
STREET ADDRESS	9911 SW 48TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, ALAN	
STREET ADDRESS	16425 COLLINS AVE #811	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, DIANE	
STREET ADDRESS	16425 COLLINS AV #811	
CITY-ST-ZIP	MIAMI FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianne (Mimi) Pink	
STREET ADDRESS	1111 Biscayne Blvd #428	
CITY-ST-ZIP	Miami FL 33181	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Andrews Michael Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/05 305 673-2183