

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 027 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10046664

DOCUMENT # N0100003848		
1. Entity Name NORTH BEACH MERCHANTS ASSOCIATION, INC.		
Principal Place of Business 1130 NORMANDY DRIVE MIAMI BEACH, FL 33141		Mailing Address 1130 NORMANDY DRIVE MIAMI BEACH, FL 33141
2. Principal Place of Business 401-80 ST. Suite, Apt. #, etc. #1		3. Mailing Address 401-80 STREET Suite, Apt. #, etc. 1
City & State MIAMI BEACH, FL Zip 33141 Country FL		City & State MIAMI BEACH Zip 33141 Country FL
4. FEI Number 65-1114388		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CALCERRADA, MARIA B 1130 NORMANDY DRIVE MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name CALCERRADA MARIA B Street Address (P.O. Box Number is Not Acceptable) 401-80 STREET #1 City MIAMI BEACH FL Zip Code 33141
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 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when submitting.) DATE		
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		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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: Maria B. Calcerrada 4/1-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		