

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90185 027 \*\*\*\*70.00

**DOCUMENT # N99000004486**

1. Entity Name

**THE SOBE ROOM, INC.**

Principal Place of Business

Mailing Address

**1835 PURDY AVENUE  
 MIAMI BEACH FL 33139**

**1835 PURDY AVENUE  
 MIAMI BEACH FL 33139-1425**

2. Principal Place of Business

**1835 PURDY AVENUE**

3. Mailing Address

**1835 PURDY AVENUE**

Suite, Apt. #, etc.

**(SAME)**

Suite, Apt. #, etc.

**(SAME)**

City & State

**MIAMI BEACH FL**

City & State

**MIAMI BEACH FL**

4. FEI Number

**65-0940992**

Applied For

Not Applicable

Zip

**33139**

Country

**MIAMI-DADE**

Zip

**33139**

Country

**MIAMI-DADE**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, LARRY M  
 1835 PURDY AVENUE  
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOOD, LARRY M	
STREET ADDRESS	4575 POST AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EBERHARDT, CRAIG	
STREET ADDRESS	9 ISLAND AVENUE, #1614	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLINE, KEVIN	
STREET ADDRESS	20 ISLAND AVENUE, #1503	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, CARL N	
STREET ADDRESS	1980 BAY DRIVE, APT. 2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	COMABELLA, LUIS	
STREET ADDRESS	900 WEST AVENUE, #711	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRONI, MARIO	
STREET ADDRESS	5 ISLAND AVENUE, APT. 9D	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. DAN LEWIS	
STREET ADDRESS	P.O. BOX 398568	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEROME A. MORGAN	
STREET ADDRESS	1980 W. BAY DRIVE #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY A. KEILLY	
STREET ADDRESS	1228 WEST AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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: **LARRY M. WOOD** *Larry M. Wood* 4/26/00 305-534-5204  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)