

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90053 025 ***150.00

DOCUMENT # P00000021574

1. Entity Name
SOUTH BEACH INTERNET, INC.

Principal Place of Business Mailing Address
300 SOUTH POINTE DRIVE SUITE 2104 **300 SOUTH POINTE DRIVE SUITE 2104**
SOUTH BEACH FL 33139 **SOUTH BEACH FL 33139**

2. Principal Place of Business 3. Mailing Address
10180 NW 54 Terr. **10180 NW 54 Terr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33178 **U.S.A.** **33178** **U.S.A.**

4. FEI Number Applied For
65-0987752 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOYCE, ANTHONY R
300 SOUTH POINTE DRIVE SUITE 2104
SOUTH BEACH FL 33139

7. Name and Address of New Registered Agent

Name **Marsha W. Joyce**
 Street Address (P.O. Box Number is Not Acceptable)
10180 NW 54 Terr.
 City **Miami** **FL** Zip Code **33178**

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 *Marsha W. Joyce* **President** **4/23/02**
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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T JOYCE, ANTHONY R	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 300 SOUTH POINTE DRIVE SUITE 2104		STREET ADDRESS	
CITY-ST-ZIP SOUTH BEACH FL 33139		CITY-ST-ZIP	
NAME PS JOYCE, MARSHA W	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 300 SOUTH POINTE DRIVE SUITE 2104		STREET ADDRESS	
CITY-ST-ZIP SOUTH BEACH FL 33139		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Marsha W. Joyce* **Marsha W. Joyce** **4/23/02** **305-392-6759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)