

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 006 ***158.75

DOCUMENT # **P00000028869**

1. Entity Name **SILICON BEACH GROUP, INC.**

DO NOT WRITE IN THIS SPACE

80126145

2. Principal Place of Business X 1348 Washington Ave Suite, Apt. #, etc. X #301 City & State X Miami, FL Zip X 33139 Country X USA	3. Mailing Address X 1348 Washington Ave Suite, Apt. #, etc. X #301 City & State X Miami, FL Zip X 33139 Country X USA
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4. FEI Number X 65-1067491	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Troy Bernier**
Street Address (P.O. Box Number is Not Acceptable)
1700 SW 1st Ave Apt 403
City **Miami** FL Zip Code **33129**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **June 18, 2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	X President & CEO Troy Bernier 1700 SW 1st Ave Apt 403 Miami, FL 33129
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Troy Bernier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X June 18, 2002 786 277628

CR2E034B (12/01)