

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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90178 002 \*\*\*158.75

DOCUMENT # *P00000028869*

1. Entity Name

*Silicon Beach Group*



00166410

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*18350 NW 2nd Ave.*

Suite, Apt. #, etc.

*Suite 600*

City & State

*Miami, FL*

Zip

*33169*

Country

3. Mailing Address

*1348 Washington Ave.*

Suite, Apt. #, etc.

*Suite 301*

City & State

*Miami, FL*

Zip

*33139*

Country

4. FEI Number

*65-1067491*

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE 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. #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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Troy Bernier*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

*May 20, 2003*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*President & CEO*

*Troy Bernier*

*1700 SW 1st Ave. #403*

*Miami, FL 33129*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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

*May 20, 2003*

Date

Daytime Phone #

*305 4937667*

CR250348 (12/02)