

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 031 ***150.00

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

DOCUMENT # P000000 **80164** ✓

1. Entity Name

TEN SOUTH BEACH CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1020 N.W. 163 DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL 33169

City & State

4. FEI Number

65-1038710

Applied For

Not Applicable

Zip

33169

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MAGDALENA MEDINA

Street Address (P.O. Box Number is Not Acceptable)

1020 N.W. 163 DRIVE

City

MIAMI

FL

Zip Code

33169

**DO NOT WRITE
IN THIS SPACE**

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 amending)

DATE

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
P	GOMEZ, HERNANDO	151 S.W. 15 RD. APT 1402	MIAMI, FL 33129
T	MEDINA, CAMILO	1915 BRICKELL AVENUE, SUITE CPH5	MIAMI, FL 33129
S	MEDINA, MAGDALENA	1915 BRICKELL AVENUE, SUITE CPH5	MIAMI, FL 33129
VP	ARIAS, CESAR	2309 SOUTH CYPRESS ROAD	POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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.

Magdalena Medina

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

Date

(305) 553-8080

Overline Phone

CR2E034B (12/01)