

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104352

1. Entity Name

SOUTHBEACH GETAWAY.COM, INC

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 042 ***150.00

A0065758

2. Principal Place of Business 100 JEFFERSON AVE Suite, Apt. #, etc. 10001		3. Mailing Address 100 JEFFERSON AVE Suite, Apt. #, etc. 10001		DO NOT WRITE IN THIS SPACE	
City & State MIAMI BEACH FL		City & State MIAMI BEACH, FL		4. FEI Number 65-1063279	
Zip 33139		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name KAHN, MORRIS	
		Street Address (P.O. Box Number is Not Acceptable) 100 JEFFERSON AVE	
		STE 10001	
		City MIAMI BEACH FL Zip Code 33139	

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: Morris Kahn Morris Kahn, 4/23/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ (See chart on back)

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	
<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAHN, AUDREY 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAHN, MORRIS 100 JEFFERSON AVE STE 10001 MIAMI BEACH, FL 33139
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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)(f), 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: Morris Kahn Morris Kahn, 4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR