FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91801 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005919

1. Entity Name
NORTH BEACH STATION, INC.

11041902

Principal Place of Business	Mailing Address
2057 71ST STREET MIAMI, FL 33141	2057 71ST STREET MIAMI, FL 33141
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1071101 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, WILFREDO
~~6301 COLLINS AVE~~
~~#2707~~
~~MIAMI, FL 33141~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2057 71 Street

City Miami Beach FL Zip Code 33141

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 [signature] 4-28-03
DATE

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	[ ] Delete	TITLE	VPTD	[X] Change [ ] Addition
NAME	QUINTANA, JEFF		NAME	Quintana, Jeff	
STREET ADDRESS	~~6301 COLLINS AVE #2707~~		STREET ADDRESS	2057 71 Street	
CITY-ST-ZIP	~~MIAMI, FL 33141~~		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	VPSD	[ ] Delete	TITLE	PSD	[X] Change [ ] Addition
NAME	QUINTANA, WILFREDO O		NAME	Quintana, Wilfredo	
STREET ADDRESS	~~6301 COLLINS AVE #2707~~		STREET ADDRESS	2057 71 Street	
CITY-ST-ZIP	~~MIAMI, FL 33141~~		CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)