

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 046 ***150.00

DOCUMENT # P01000015685

1. Entity Name
CRUISIN OF DAYTONA, INC.

South Beach Inc.



Principal Place of Business
1700 W INTERNATIONAL SPEEDWAY BLVD
STE #426
DAYTONA BEACH FL 32114

Mailing Address
400 PARQUE DR. #5
ORMOND BEACH FL 32174

3-3-03



2. Principal Place of Business
1441 Washington Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami Beach FL

City & State

4. FEI Number 59-3721796

Applied For
Not Applicable

Zip
33139

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R
1413 TROVILLION AVE
WINTER PARK FL

7. Name and Address of New Registered Agent

Name Simon Myara
Street Address (P.O. Box Number is Not Acceptable)
400 PARQUE DR. #5
City Ormond Beach FL Zip Code 32174

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 *Simon Myara*
Signature, typed or printed name of registered agent and fee if applicable.

4-22-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MYARA, ALAIN	
STREET ADDRESS	1131 BEL AIRE DR	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Simon Myara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03-38616738488
Date Daytime Phone #

CR2E034 (10/02)