

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90216 030 \*\*\*150.00

**DOCUMENT # P01000019369**

**1. Entity Name**  
**SOUTH BEACH REAL ESTATE DEVELOPMENT CORP.**

**Principal Place of Business**  
**888 BRICKELL AVE. 5 FLOOR**  
**MIAMI FL 33131**

**Mailing Address**  
**888 BRICKELL AVE. 5 FLOOR**  
**MIAMI FL 33131**

**2. Principal Place of Business**  
**650 WEST AVE**  
 Suite, Apt. #, etc.  
**2108**

**3. Mailing Address**  
**650 WEST AVE**  
 Suite, Apt. #, etc.  
**2108**

**City & State**  
**MIAMI BEACH FL**  
**Zip**  
**33139**  
**Country**  
**USA**

**City & State**  
**MIAMI BEACH**  
**Zip**  
**33139**  
**Country**  
**USA**

**4. FEI Number**  
**65-1119862**

**Applied For**  
**Not Applicable**

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**SAEZ, PEDRO P**  
**888 BRICKELL AVE, 5 FLOOR**  
**MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

**Name** **PIERO DYER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**650 WEST AVE APT 2108**  
**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** *Piero Dyer* **PIERO DYER** **04/16/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

**TITLE** **D** ☐ Delete  
**NAME** **CORLAT, ROSA A**  
**STREET ADDRESS** **100 PALM AVE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33139**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** **P/S** ☐ Change ☒ Addition  
**NAME** **Coriat, Rosa A**  
**STREET ADDRESS** **100 Palm Ave**  
**CITY-ST-ZIP** **Miami Beach, FL 33139**

**TITLE** **T** ☐ Change ☒ Addition  
**NAME** **Dyer, Piero M.**  
**STREET ADDRESS** **100 Palm Ave**  
**CITY-ST-ZIP** **Miami Beach, FL 33139**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Rosa Coriat* **ROSAL CORLAT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/02** **305 6732229**  
Date Daytime Phone #

CR2E034 (9/01)