

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

02-18-2002 90128 005 ***150.00

DOCUMENT # **PO1000047827** ✓
1. Entity Name
CONTINUUM SOUTH BEACH REALTY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 SOUTH POINTE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
100 SOUTH POINTE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FL
Zip
33139 Country

City & State
MIAMI BEACH, FL
Zip
33133 Country

4. FEI Number
02-0569011
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BRIAN TAGUE**
Street Address (P.O. Box Number is Not Acceptable)
% TEW CARDENAS REKAB KELLOG, LEHMAN LLP
2015 BISCAYNE BLVD, # 2600
City **MIAMI** FL Zip Code **33131-4338**

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 reinstating) 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	DIRECTOR EICHNER, BRUCE 222 COLUMBIA HEIGHTS BROOKLYN - N.Y 11201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR HEINRICH VON HANAU 8524 FISHER ISLAND DRIVE MIAMI, FL 33109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR STEINER, APHRODITE 1602 MICHANOPY AVE MIAMI, FL 33133
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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.

SIGNATURE: **Aphrodite Steiner** 3/27/2002 305 695-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
APHRODITE STEINER

CR2E034B (12/01)