2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000050154 **DOCUMENT #**

1. Entity Name

SOUTH BEACH UMBRELLA COMPANY

OWE S

May 05, 2003 8:00 am & Secretary of State **FILED**

05-05-2003 91760 006 ***150.00

ļ			GOD WE TE	
Principal Place of Business 100 WEST CYPRESS CREEK RD 888 FT LAUDERDALE FL 33309		Mailing Address 100 WEST CYPRESS CRE 888 FT LAUDERDALE FL 3330	_	
2. Principal Place of Business		3. Mailing Address	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
WATKIN	NATHANIEL R		Name	•
	T CYPRESS CREEK RD		Street Address	s (P.O. Box Number is Not Acceptable)
888				
FT LAUDERDALE FL 33309			City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	red when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	P			
TITLE	HARIOUK, ALAIN	☐ Delete	TITLE	Change Addition
NAME .	8086 NW 11TH MANOR		NAME	
STREET ADDRESS	PLANTATION FL 33322		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition :
NAME	WATKIN, NATHANIEL R		NAME	
STREET ADDRESS	6082 GLENDALE DR		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition ☐
NAME	WILLIAMS, FRANK G		NAME	* ***
STREET ADDRESS	1170 A1A #203		STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	j i		STREET ADDRESS	
CITY-ST-ZIP	i _j		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME		DOIGE	NAME	
STREET ADDRESS]		STREET ADDRESS	j
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE				☐ Change ☐ Addition
NAME		☐ Delete	TITLE NAME	L. Change L. Addition
STREET ADDRESS			STREET ADDRESS	

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 ap

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

954-267-9797