

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90127 050 \*\*\*150.00

**DOCUMENT # P02000085399**



1. Entity Name  
**SOUTH BEACH MUNCHIES, INC.**

Principal Place of Business  
**9835 SW 142 DRIVE  
MIAMI FL 33176**

Mailing Address  
**9835 SW 142 DRIVE  
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**65-0614262**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, MARTHA V  
9835 SW 142 DRIVE  
MIAMI FL 33176**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS          |                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|-------------------------------------|--------------------------|---|------|
| TITLE                               | NAME                     | TITLE   | NAME |
| PTD <input type="checkbox"/> Delete | <b>DIAZ, MARTHA V</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| STREET ADDRESS                      | <b>9835 SW 142 DRIVE</b> | STREET ADDRESS  |      |
| CITY-ST-ZIP                         | <b>MIAMI FL 33176</b>    | CITY-ST-ZIP   |      |
| VSD <input type="checkbox"/> Delete | <b>RUIZ, ELIZABETH</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| STREET ADDRESS                      | <b>3045 SW 78 AVENUE</b> | STREET ADDRESS  |      |
| CITY-ST-ZIP                         | <b>MIAMI FL 33155</b>    | CITY-ST-ZIP   |      |
| <input type="checkbox"/> Delete     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete     |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/24/03**  
Date Daytime Phone #

CR2E034 (10/02)