

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90135 032 ***158.75

DOCUMENT # P02000097205

1. Entity Name
SOUTH BEACH TANNING COMPANY



Principal Place of Business
2455 EAST SUNRISE BLVD #502
FORT LAUDERDALE FL 33304
12930 Clifton Dr.
Boca Raton FL 33428

Mailing Address
2455 EAST SUNRISE BLVD #502
FORT LAUDERDALE FL 33304
P.O. Box 97062
Boca Raton FL 33497-0621

2. Principal Place of Business
12930 Clifton Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 97062
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State Boca Raton FL **City & State** Boca Raton FL **4. FFI Number** 14-1845480 ☒ Applied For
Zip 33428 **Country** U.S. **Zip** 33497-0621 **Country** U.S. **5. Certificate of Status Desired** ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHNITZER, GERALD S
2455 EAST SUNRISE BLVD #502
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name Michael Sherman
Street Address (P.O. Box Number is Not Acceptable) 12930 Clifton Dr.
City Boca Raton **FL** **Zip Code** 33428

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 *[Signature]* **Michael Sherman President** **3/4/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, MICHAEL L Pres 12930 CLIFTON DRIVE BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Sherman Director 19674 Estuary Drive Boca Raton 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 life empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/4/2003 **Daytime Phone #**

CR2E034 (10/02)