

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90138 043 ***150.00

DOCUMENT # P93000015426

1. Corporation Name
SOBE CABANA INC.

Principal Place of Business
5925 N. BAY RD.
MIAMI BEACH FL 33140
US

Mailing Address
5925 N. BAY RD.
MIAMI BEACH FL 33140
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

65-0390085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4271 ALTON ROAD

2a. Mailing Address

26 4271 ALTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI BCH, FL

City & State

28 MIAMI BCH, FL

Zip

24 33140

Country

25 US

Zip

29 33140

Country

30 US

9. Name and Address of Current Registered Agent

TYRRELL, JAMES J.
5925 N. BAY RD.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name TYRRELL JAMES J.
82 Street Address (P.O. Box Number is Not Acceptable)
4271 ALTON ROAD
83 MIAMI BEACH
84 City
FL 85 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

JAMES J. TYRRELL JAMES J. TYRRELL 3/16/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TYRRELL, JAMES J
STREET ADDRESS 5925 N. BAY RD.
CITY-ST-ZIP MIAMI BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME TYRRELL JAMES J.
1.3 STREET ADDRESS 4271 ALTON ROAD
1.4 CITY-ST-ZIP MIAMI BCH, FL 33140

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES J. TYRRELL

3/16/99 305.250.0061

Daytime Phone #

CR2E034 (11/98)

0208143