

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037105

1. Entity Name  
**THE SOUTH BEACH DESIGN GROUP, INC.**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90028 049 \*\*\*150.00

Principal Place of Business 701 LINCOLN RD STE 105 MIAMI BEACH FL 33139 US	Mailing Address 701 LINCOLN ROAD STE 105 MIAMI BEACH FL 33139-2879 US
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2. Principal Place of Business	3. Mailing Address <b>250 Australian Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>1550 Clearlake Centre</b>

City & State West Palm Beach, Florida	4. FEI Number <b>65-0420719</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33401	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHNEIDER, JOHN C**  
**505 S. FLAGLER DR.**  
**#1001**  
**W. PALM BCH. FL 33401**

Name  
**Schneider, John C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 Australian Avenue**  
**1550 Clearlake Centre**  
City  
**West Palm Beach** **FL** Zip Code  
**33401**

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 *John Schneider* DATE 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>LIVINGSTONE, BARRIE H</b> <b>701 LINCOLN RD. SUITE 104</b> <b>MIAMI BEACH FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>RAESSLER, R. C</b> <b>701 LINCOLN RD. SUITE 104</b> <b>MIAMI BCH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>RAESSLER, ROBERT V</b> <b>701 LINCOLN RD. SUITE 104</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUZMAN, ANDRES O</b> <b>701 LINCOLN RD. SUITE 104</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>701 Lincoln Road, Suite 105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>701 Lincoln Road, Suite 105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>701 Lincoln Road, Suite 105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 supplementary 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4/24/00 Daytime Phone # 3056728800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E094 (9/99)