

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037105

1. Entity Name

THE SOUTH BEACH DESIGN GROUP, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90084 013 \*\*\*150.00

Principal Place of Business

701 LINCOLN RD  
STE 105  
MIAMI BEACH FL 33139  
US

Mailing Address

250 AUSTRALIAN AVENUE  
1550 CLEARLAKE CENTRE  
WEST PALM BEACH FL 33401  
US

2. Principal Place of Business

3. Mailing Address

250 Australian Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

City & State

West Palm Beach, FL

Zip

Country

Zip

Country

33401

US

4. FEI Number

65-0420719

Applied For

Not Applicable

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

SCHNEIDER, JOHN C  
250 AUSTRALIAN AVENUE  
1550 CLEARLAKE CENTRE  
W. PALM BCH. FL 33401

Name  
**John C. Schneider, Esquire**

Street Address (P.O. Box Number is Not Acceptable)  
**1550 Clearlake Centre**

**250 Australian Avenue South**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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  
DVP  
LIVINGSTONE, BARRIE H  
701 LINCOLN RD. SUITE 104  
MIAMI BEACH FL 33139 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
RAESSLER, R. C  
701 LINCOLN ROAD, SUITE 105  
MIAMI BCH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
RAESSLER, ROBERT V  
701 LINCOLN ROAD, SUITE 105  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
GUZMAN, ANDRES O  
701 LINCOLN ROAD, SUITE 106  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**701 LINCOLN ROAD, SUITE 105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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 11 or Block 12 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

Date

Daytime Phone #

4/23/01

305-672-8800

CR2E034 (10/00)

0280198