

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064324

1. Entity Name
ISLAND BEACH 24, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90041 043 ***150.00

Principal Place of Business
10425 SW 42 TERRACE
MIAMI FL 33165

Mailing Address
10425 SW 42 TERRACE
MIAMI FL 33165

2. Principal Place of Business
Suite, Apt. #, etc.

Mailing Address
Suite, Apt. #, etc.

City & State
Golden Beach, FL

City & State
Golden Beach, FL

Zip
33160

Country
USA

Zip
33160

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0435170

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

RODRIGUEZ, ISABEL
10425 SW 42 TERRACE
MIAMI FL 33165

Name
JORGE RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
196 Ocean Boulevard
City
Golden Beach FL Zip Code
33160

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 *Jorge VSTD Rodriguez*
Signature, typed or printed name of registered agent and title if applicable.

DATE
03/22/01

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 PD
NAME RODRIGUEZ, ISABEL
STREET ADDRESS 10425 SW 42 TERRACE
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE VSTD
NAME RODRIGUEZ, JORGE M
STREET ADDRESS 10425 SW 42 TERRACE
CITY-ST-ZIP MIAMI FL 33165 ☐ 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

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

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, until all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)