

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057858

1. Entity Name

SOUTH BEACH SOLUTIONS INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90015 008 \*\*\*158.75

Principal Place of Business

320 NEWFOUND HARBOR DR  
MERRITT ISLAND FL 32952  
US

Mailing Address

C/O CHASE LAROSSA CPA'S  
505 EIGHTH AVE #12A  
NEW YORK NY 10018  
US

817393



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0511638

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLOYD, PATRICK  
320 NEWFOUND HARBOR DR  
MERRIT ISLAND FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 P  
NAME EDWARDS, ELIZABETH  
STREET ADDRESS %JA LAROSSA CPA PC 505 8TH AVE  
CITY-ST-ZIP NEW YORK NY 10018 ☐ Delete

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

TITLE VP  
NAME EDWARDS, KEITH  
STREET ADDRESS %JA LAROSSA CPA PC 505 8TH AVE  
CITY-ST-ZIP NEW YORK NY 10018 ☐ 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

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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

ELIZABETH F. EDWARDS

Date

3-12-01

Daytime Phone #

CR2E034 (10/00)