2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State DOCUMENT # **P95000058582** DIGITAL BEACH, INC. 05-04-2000 90223 038 ***150.00 Mailing Address Principal Place of Business 1509 S. ANDREWS AVE. 1509 S. ANDREWS AVE. SUITE 2 FT. LAUDERDALE FL 33316-2507 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0663688 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRICK, MICHAEL Street'Address (P.O. Box Number is Not Acceptable) 19355 NE 36TH CT., # 27-J **AVENTURA FL 33180** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TS TITLE Change Delete TITLE STRICK, MICHAEL NAME NAME 1509 S. LUDREUS AVE STREET ADDRESS STREET ADDRESS 1509 S. ANDREWS AVE., #2 CITY-ST-ZIP FT. LAWOERDALE CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Change Addition VTS Delete TITLE TITLE DENNIS J. LAURICELLA SEIDMAN, LAWRENCE NAME NAME 1509 S. ANDREWS AVE, #2 STREET ADDRESS STREET ADDRESS 1509 S. ANDREWS AVE., #2 FT. LAKOERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Change ___ Addition Delete TITLE TITLE FRAINE SILBER NAME NAME 1509 5. ANDREWS AVE, #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LANDERDAKE, FL 33316 CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL STRICK