

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000092381**1. Entity Name
SOUTH BEACH SOFTWARE, INC.**Principal Place of Business**

1610 PENN. AVENUE #1

MIAMI BEACH

33139

FL

Mailing Address

1610 PENN. AVENUE #1

MIAMI BEACH

33139

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0632284**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

1610 PENN AVENUE

#1

MIAMI BEACH

33139

US

FL

7. Name and Address of New Registered Agent

Name

FODERICK PAUL

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

1617 JEFFERSON AVENUE

#202

City

MIAMI BEACH

FL

Zip Code
33139

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 **PAUL FODERICK****01/12/2001**

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	D	☐ Delete
NAME	FODERICK DAVID	
STREET ADDRESS	1610 PENN AVENUE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PSTV	☐ Delete
NAME	FODERICK DAVID	
STREET ADDRESS	1610 PENN AVENUE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

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: David Foderick

PSTV

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)