

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91750 028 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000096439**

1. Entity Name

**South Beach Divers, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**850 WASHINGTON AVE.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-0637211**

Applied For

Not Applicable

Zip

**33139**

Country

**U.S.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**SASHA BOULANGER**

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

**850 WASHINGTON AVENUE**

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

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V.P.  
CARLOS MENENDEZ  
850 WASHINGTON AVE, MIAMI BEACH  
FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Pres.  
BOULANGER, SASHA  
850 WASHINGTON AVE, MIAMI BEACH  
FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**FL 33139**

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/2/02**

Date

Daytime Phone #

CR2E034B (12/01)