

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90265 016 ***150.00

DOCUMENT # P96000059459

1. Entity Name
SOUTH BEACH SHUTTLE INC.



Principal Place of Business
**1401 COLLINS AVE.
MIAMI BEACH FL 33139
US**

Mailing Address
**1401 COLLINS AVE.
MIAMI BEACH FL 33139
US**

2. Principal Place of Business
1732 COLLINS AVE

3. Mailing Address
1732 COLLINS AVE

Suite, Apt. #, etc.
#2500

Suite, Apt. #, etc.
#2500

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

4. FEI Number
65-0717774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAN, MICHAEL
1401 COLLINS AVE.
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
MAN MICHAEL

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

1732 COLLINS AVE.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

APRIL 23, 2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDST MAN, MICHAEL 1401 COLLINS AVE. MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 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

APRIL 23, 2003 (705) 389-9283
Date Daytime Phone #

CR2E034 (10/02)