

# 2001 UNIFORM BUSINESS REPORT (UBR)

0040598 AV

DOCUMENT # P96000078463

1. Entity Name  
SOUTH BEACH STONE CRABS COMPANY

FILED

02 JAN 25 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

723 927 LINCOLN ROAD  
MIAMI BEACH FL 33139

Mailing Address

723 927 LINCOLN ROAD  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

723 LINCOLN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MEANE BLH

City & State

City & State

FL

Zip

Country

Zip

33139

Country

DADE

4. FEI Number

65-0706207

Applied For

Not Applicable

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

STRATTON, DOUGLAS D ESQ.

407 LINCOLN ROAD STE 2A

MIAMI BEACH FL 33139

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: Douglas Stratton  
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 \$550.00**  
**After September 12, 2001. Fee will be \$750.00**  
**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 ☐ Delete  
NAME D ABRAMOWITZ, SHELLY  
STREET ADDRESS 927 LINCOLN ROAD 723  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME **REINSTATEMENT**  
STREET ADDRESS 01-02  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100004910711--2  
STREET ADDRESS -02/12/02--01011--021  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 100004910711--2  
STREET ADDRESS -02/12/02--01011--022  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)