

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020740

1. Entity Name

A LITTLE BIT O'BEACH, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90860 045 ***150.00

Principal Place of Business

Mailing Address

4700 SW 51 ST
SUITE #212
DAVIE FL 33314
US

4700 SW 51 ST
SUITE #212
DAVIE FL 33009-3102
US

2. Principal Place of Business

1040 NW 3rd STREET

3. Mailing Address

1040 NW 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE, Florida

City & State

HALLANDALE, Florida

4. FEI Number

65-0734778

Applied For

Not Applicable

Zip

Country

33009

USA

Zip

Country

33009

USA

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

WEAVERS, MERYL S
5040 SW 40TH AVE
FT LAUDERDALE FL 33314-5702

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

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, 2000 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 PD
NAME WEAVERS, MERYL S
STREET ADDRESS 5040 SW 40TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314-5702 ☐ Delete

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

TITLE SD
NAME WEAVERS, CLARENCE
STREET ADDRESS 5040 SW 40TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314-5702 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 (9/99)

4/28/00 954-458-933