

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039526

1. Entity Name

SOLAR BEACH, INC. dba. Miami Tan

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90118 047 ***150.00

Principal Place of Business

20335 BISCAYNE BLVD.
AVENTURA FL 33180

Mailing Address

20335 BISCAYNE BLVD.
1ST FLOOR
AVENTURA FL 33180-1503
US

2. Principal Place of Business

16125 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address

16125 Biscayne Blvd.
Suite, Apt. #, etc.

City & State

N. Miami Beach FL

City & State

N. Miami Beach FL

Zip
33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0750627

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

HAYS, JACK D
20335 BISCAYNE BLVD.
AVENTURA FL 33180

Name

Hays, Jack D.

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

7601 E. Treasure Dr.
810

City

N. Bay Village

FL

Zip Code

33141

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

Jack D. Hays
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME HAYS, JACK D
STREET ADDRESS 18100 ATLANTIC BLVD #508
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Jack D. Hays
STREET ADDRESS 7601 E. Treasure Dr.
CITY-ST-ZIP N. Bay Village, FL 33141

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Jack D. Hays
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/00

Daytime Phone #

305/947-6090

CR2E034 (9/99)