

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066360

1. Entity Name

SOUTH BEACH ALOE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90104 037 \*\*\*150.00

Principal Place of Business

344 OCEAN DRIVE #2  
MIAMI BEACH FL 33139

Mailing Address

344 OCEAN DRIVE #2  
MIAMI BEACH FL 33154-3513

2. Principal Place of Business

9457 HARDING AVE

Suite, Apt. #, etc.

3. Mailing Address

9457 HARDING AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SURFSIDE, FL.

City & State

SURFSIDE, FL

4. FEI Number

65-0769529

Applied For

Not Applicable

Zip

33154

Country

DADE

Zip

33154

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, FORREST S  
344 OCEAN DRIVE #2  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

HALL, FORREST S.

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

9457 HARDING AVE.

City

SURFSIDE

FL

Zip Code

33154

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

*Forrest S. Hall, pres.* FORREST S. HALL 2/10/2000

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	HALL, FORREST S	
STREET ADDRESS	344 OCEAN DRIVE, #2	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALL, FORREST S	
STREET ADDRESS	344 OCEAN DRIVE, #2	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, FORREST S.	
STREET ADDRESS	9457 HARDING AVE	
CITY - ST - ZIP	SURFSIDE, FL 33154	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, FORREST S.	
STREET ADDRESS	9457 HARDING AVE	
CITY - ST - ZIP	SURFSIDE, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Forrest S. Hall, pres.* FORREST S. HALL PRES. 305-867-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)