

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000066360**1. Entity Name
SOUTH BEACH ALOE, INC.

Principal Place of Business

9457 HARDING AVE

SURFSIDE
33154

FL

Mailing Address

9457 HARDING AVE

SURFSIDE
33154

FL

2. Principal Place of Business
4525 POINCIANA STREET3. Mailing Address
4525 POINCIANA STREETSuite, Apt. #, etc.
2Suite, Apt. #, etc.
2City & State
LAUDERDALE BY THE SEA

FL

City & State
LAUDERDALE BY THE SEA

FL

Zip
33308Country
USZip
33308Country
US4. FEI Number
65-0769529

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALL FORREST S
9457 HARDING AVESURFSIDE FL
33154 US

7. Name and Address of New Registered Agent

Name

HALL FORREST S

Street Address (P.O. Box Number is Not Acceptable)
4525 POINCIANA STREET

2

City
LAUDERDALE BY THE SEA

FL

Zip Code
33308

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.**

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

(NOTE: Registered Agent signature required when reinstating)

02/07/2001

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	HALL FORREST S	
STREET ADDRESS	9457 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HALL FORREST S	
STREET ADDRESS	9457 HARDING AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL FORREST S	
STREET ADDRESS	4525 POINCIANA STREET # 2	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL FORREST S	
STREET ADDRESS	4525 POINCIANA STREET # 2	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
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		
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.**

PST

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)