

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094183

1. Entity Name

SOUTH BEACH TRADERS, INC.

Principal Place of Business

**601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131-2649**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870418

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

**DE LA PENA, VILLANUEVA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131**

Name **DE LA PENA & BAJANDAS, LLP.**

Street Address (P.O. Box Number is Not Acceptable)
601 BRICKELL KEY DRIVE

SUITE 705

City

MIAMI

FL

33131

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.

LEONCIO E. DE LA PENA

04/28/00

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
NAME **OSD**
STREET ADDRESS **CASTILLO, GILMER**
CITY-ST-ZIP **601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131** ☐ Delete

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

TITLE
NAME **AS**
STREET ADDRESS **BAJANDAS, RICARDO**
CITY-ST-ZIP **601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

RICARDO BAJANDAS

04/28/00

Date

(305) 377-0809

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD000004 (03/00)