

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018514

1. Entity Name

SOUTH BEACH IRONWORKS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90066 029 ***150.00

Principal Place of Business

1676 ALTON RD
MIAMI BEACH FL 33139
US

Mailing Address

C/O KLINE, MOORE & KLEIN, P.A.
2665 SOUTH BAYSHORE DRIVE #903
COCONUT GROVE FL 33133-5462

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1676 ALTON RD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

USA

4. FEI Number

65-0814605

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHCHILD, SUSAN B
3165 PINE TREE DR
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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

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

SUSAN B. ROTHCHILD

(NOTE: Registered Agent signature required when reinstating)

9/3/00

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	DP	<input type="checkbox"/> Delete
NAME	SEXTON, DAVID L	
STREET ADDRESS	1130 11TH STREET #7-C	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRANDON, IRENE R	
STREET ADDRESS	2130 BAY AVENUE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROTHCHILD, SUSAN B	
STREET ADDRESS	3165 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROTHCHILD, JOHN H	
STREET ADDRESS	3165 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #