

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051003

1. Entity Name

NORTH BEACH SPGP, INC.

Principal Place of Business

10021 PINES BOULEVARD #101  
PEMBROKE PINES FL 33024

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR  
DAVIE FL 33328-2020

2. Principal Place of Business

3325 S. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

#210

City & State

DAVIE, FL.

City & State

Zip

Country

33328-2020

USA

Country

Zip

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FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90084 005 \*\*\*150.00

A0006092



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0844724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.  
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR  
DAVIE FL 33328-2020

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

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, 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 P ☐ Delete  
NAME ROSS, BARRY  
STREET ADDRESS 3691 N SAND AVE  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE V ☐ Delete  
NAME HOLLANDER, DAVID  
STREET ADDRESS 3109 STIRLING RD  
CITY-ST-ZIP HOLLYWOOD FL 33321

TITLE VP ☐ Delete  
NAME HOLLANDER, WALTER  
STREET ADDRESS 3109 STIRLING RD  
CITY-ST-ZIP HOLLYWOOD FL 33321

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 #

1-3-01

CR2E034 (10/00)

0274018