

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90072 030 ***550.00

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DOCUMENT # P98000051003

1. Entity Name

NORTH BEACH SPGP, INC.



Principal Place of Business

3325 S. UNIVERSITY DRIVE

210

DAVIE FL 33328

US

Mailing Address

3325 SOUTH UNIVERSITY DRIVE. 2ND FLOOR

DAVIE FL 33328-2020

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

65-0844724

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

ROSS REALTY INVESTMENTS, INC.

3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR

DAVIE FL 33328-2020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, BARRY	
STREET ADDRESS	3325 S. UNIVERSITY DR. #210	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLANDER, DAVID	
STREET ADDRESS	3109 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLANDER, WALTER	
STREET ADDRESS	3109 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL 33321	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/03

754 452 5000

Date

Daytime Phone #

CR2E034 (4/03)