

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069423

1. Entity Name

SOUTH BEACH BAIL BONDS, INC.

Principal Place of Business

1575 N.W. 14TH ST.
MIAMI FL 33125

Mailing Address

1575 N.W. 14TH ST.
MIAMI FL 33125

2. Principal Place of Business

2200 N.W. Blvd.

Mailing Address

2200 N.W. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. City, State, and Zip

1. City, State, and Zip

33901 S Lee

Country

33901 S Lee

Zip

Country

33901 S Lee

6. Name and Address of Current Registered Agent

CUSTODIO, MARIA
1575 N.W. 14TH ST.
MIAMI FL 33125

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	DEST VP	<input type="checkbox"/> Delete
NAME	MARIA	
STREET ADDRESS	1575 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DVP - DP	<input type="checkbox"/> Delete
NAME	ARENAS, RICHARD L	
STREET ADDRESS	1575 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
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	<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	
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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

Maria C. Paterno

Date

Daytime Phone #

4-20-01 9413377717

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90069 007 ***150.00

646161



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0863311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)