

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90030 011 ***150.00

DOCUMENT # P98000069423

1. Entity Name
SOUTH BEACH BAIL BONDS, INC.

Principal Place of Business
2200 MLK BLVD
FORT MYERS FL 33901

Mailing Address
2200 MLK BLVD
FORT MYERS FL 33901

2. Principal Place of Business
Sun

3. Mailing Address
Sun

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number **65-0863311** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

PATERNIO
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]* **DATE** *1-10-02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

11. OFFICERS AND DIRECTORS

TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	CUSTODIO, MARIA	
STREET ADDRESS	1575 N.W. 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	DP	<input checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATERNIO, MARIA	
STREET ADDRESS	2200 MARTIN LUTHER KING Blvd.	
CITY-ST-ZIP	Fort Myers FL 33901	
TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARENAS, RICHARD	
STREET ADDRESS	2200 MLK Blvd	
CITY-ST-ZIP	Fort Myers FL 33901	
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1-10-02* **Daytime Phone #** *3377717*

CR2E034 (9/01)