

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 020 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P98000099375

1. Entity Name

THE PINEAPPLE OF SOUTH BEACH, INC.

Principal Place of Business

934 16th St., #6
Miami Beach, FL
33139

Mailing Address

934 16th St., #6
Miami Beach, FL
33139

2. Principal Place of Business

1551 Lenox

3. Mailing Address

1551 Lenox

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0908973

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

C0073680**6. Name and Address of Current Registered Agent**GARY L. BROWN
20803 Biscayne Blvd., #200
Aventura, FL 33180**7. Name and Address of New Registered Agent**

Name GARY L. BROWN

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.

#265-S

City

Hollywood

FL

Zip Code

33021

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)10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSTD.	<input type="checkbox"/> Delete
NAME	ANDREA GREENWALD	
STREET ADDRESS	1551 Lenox, #2	
CITY-ST-ZIP	Miami Beach, FL 33139	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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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

6/22/01

Date

305-604-6005

Daytime Phone #

CR2E034 (11/00)