2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005144

1. Entity Name
SOUTH BEACH FOOD SERVICES, INC.

FILED
01 OCT -8 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000003 AV

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
429 ESPANOLA WAY MIAMI BEACH FL 33139	429 ESPANOLA WAY MIAMI BEACH FL 33139

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 65-0890817 — 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
ELIAS, JOHN ESQ. 15225 N.W. 77TH AVENUE SUITE 201 MIAMI LAKES FL 33014	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 resigning) 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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LAMA, RICARDO E	NAME	
STREET ADDRESS	~~C/O 15225 NW 77TH AVE. #201~~	STREET ADDRESS	8101 NW. 166 ST
CITY-ST-ZIP	~~MIAMI LAKES FL 33014~~	CITY-ST-ZIP	MIAMI LAKES, FL. 33016
TITLE	VD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ, JAVIER A	NAME	
STREET ADDRESS	~~C/O 15225 NW 77TH AVE. #201~~	STREET ADDRESS	4805 NW 79 AVE # 9
CITY-ST-ZIP	~~MIAMI LAKES FL 33014~~	CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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****550.00 ****550.00

CR2E034 (5/01)

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 RECEIVED — 8/5/01 — 305-629-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #