

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008054

1. Entity Name

BEACH FROGS, INC.

Principal Place of Business

616 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address

616 COLLINS AVENUE
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 65-0890874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDER, NATHAN I
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126

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 **D** ☐ Delete
NAME **SAN ROMAN, ANTONIO**
STREET ADDRESS **616 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **MARTINEZ SAN ROMAN, LUIS**
STREET ADDRESS **616 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **MOORE, TOM**
STREET ADDRESS **616 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **LEDER, NATHAN I**
STREET ADDRESS **5200 BLUE LAGOON DRIVE, SUITE 600**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM MOORE

Date

Daytime Phone #

1/8/01

305-673-5262

CR2E034 (10/00)

0160969

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90073 037 ***150.00

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DO NOT WRITE IN THIS SPACE