

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008054

1. Entity Name

BEACH FROGS, INC.

Principal Place of Business

Mailing Address

616 Collins Avenue  
Miami Beach, FL 33139

616 Collins Avenue  
Miami Beach, FL 33139

2. Principal Place of Business

616 Collins Avenue

3. Mailing Address

616 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0890874

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

Nathan I. Leder  
5200 Blue Lagoon Drive  
Suite 600  
Miami, FL 33126

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Chairman/Director ☐ Delete  
NAME Nathan I. Leder  
STREET ADDRESS 5200 Blue Lagoon Drive, #600  
CITY-ST-ZIP Miami, Florida 33126

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

TITLE Vice President/Director ☐ Delete  
NAME Tom Moore  
STREET ADDRESS 616 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

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

TITLE Secretary/Treasurer/Director ☐ Delete  
NAME Antonio Padilla  
STREET ADDRESS 616 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 (305) 267-9200

Date

Daytime Phone

CR2E034 (11/00)