

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050051

1. Entity Name

SOUTH BEACH REAL ESTATE SERVICES, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90075 002 ***150.00

Principal Place of Business

1201 WEST AVE. NO.4
MIAMI BEACH FL 33139

Mailing Address

1201 WEST AVE. NO.4
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 65-0929967

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

MATAS, RAQUEL M
4000 INTERNATIONAL PLACE
100 S.E. 2ND ST
MIAMI FL 33131-9101

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 P ☒ Delete
NAME PALLANT, JOSEPH
STREET ADDRESS 1201 WEST AVE. NO.4
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PRESIDENT ☐ Change ☒ Addition
NAME VICTORIA FEDERICI
STREET ADDRESS 1201 WEST AVE. NO.4
CITY-ST-ZIP MIAMI BEACH, FL. 33139

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
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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

4/06/01

Date

305-672-4833

Daytime Phone #

CR2E034 (10/00)