2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90066 002 ***150.00

0224251 AV

DOCUMENT # P99000050051

1. Entity Name
SOUTH BEACH REAL ESTATE SERVICES, INC.

Principal Place of Business	Mailing Address
~~1201 WEST AVE. NO.4~~	~~1201 WEST AVE. NO.4~~
~~MIAMI BEACH FL 33139~~	~~MIAMI BEACH FL 33139~~

2. Principal Place of Business		3. Mailing Address	
407 LINCOLN ROAD		300 South Pointe DRIVE	
Suite, Apt. #, etc. # 2D		Suite, Apt. #, etc. # 3602	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip FL. 33139	Country DADE	Zip 33139	Country DADE

DO NOT WRITE IN THIS SPACE

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	Name
4000 INTERNATIONAL PLACE	Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND ST	
MIAMI FL 33131-9101	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	TITLE	☐ Change ☐ Addition
NAME	FEDERICI, VICTORIA	NAME	
STREET ADDRESS	~~1201 WEST AVE NO 4~~ 407 LINCOLN ROAD SUITE 2D	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33139~~ MIAMI BEACH, FL. 33139	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	
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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	

CR2E034 (9/01)

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: VICTORIA C. FEDERICI — JAN 11, 2002 — 305-672-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #