

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070948

1. Entity Name

SOUTH BAY MANAGEMENT CORP.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90168 021 ***150.00

Principal Place of Business

% DAVID MOGUL, ESQ.
4800 N. FEDERAL HIGHWAY, #304-D
BOCA RATON FL 33431

Mailing Address

% DAVID MOGUL, ESQ.
4800 N. FEDERAL HIGHWAY, #304-D
BOCA RATON FL 33431-3414

2. Principal Place of Business

C/O LAW OFFICES OF DAVID MOGUL, ESQ.

3. Mailing Address

Same

Suite, Apt. #, etc.

185 NW Spanish River Blvd. #290

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33431

Country

U.S.A.

Zip

Country

4. FEI Number

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

MOGUL, DAVID
4800 N. FEDERAL HIGHWAY, #304-D
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

185 NW Spanish River Blvd., #290

City

Boca Raton

FL

Zip Code

33431

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, 2000 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

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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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

JOHN AMBROSE

4/26/00