

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90263 020 ***150.00

DOCUMENT # P99000070948

1. Entity Name
SOUTH BAY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
C/O LAW OFFICES OF DAVID MOGUL P.A. 185 NW SPANISH RIVE BLVD 290 BOCA RATON FL 33431 US	C/O LAW OFFICES OF DAVID MOGUL P.A. 185 NW SPANISH RIVE BLVD 290 BOCA RATON FL 33431 US

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 **NOT APPLICABLE** **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
185 NW SPANISH RIVER BLVD 290
BOCA RATON FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
2810 EAST OAKLAND PARK BLVD. #102
City Fort Lauderdale FL Zip Code 33306

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 *David Mogul*

DATE *4/15/02*

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AMBROSE, JOHN**
STREET ADDRESS **185 NW SPANISH RIVER BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D.** ☒ Change ☐ Addition
NAME **JOAN AMBROSE**
STREET ADDRESS **2810 E. OAKLAND PARK BLVD, #102**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 another like empowered.

SIGNATURE: *John Ambrose* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/22/2002*

DAYTIME PHONE # *561/992-5050*

CR2E034 (9/01)