## 2000 UNIFORM BUSINESS REPORT (UBR)

GNATURE AND TYPED OR PI

## DOCUMENT # P99000087978 FILED 1. Entity Name SOUTH BEACH SEA AND BE SEEN, INC. 00 JUN -2 PM 2:53 Mailing Address Principal Place of Business SAGRETARY OF STATE TABLEMPASSEE. FLORIDA 2537 NW 116TH TERR 2537 NW 116TH TERR CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-3454 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. \_ -Suite-Apt-#-eto- - -Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANKS, KWASI Street Address (P.O. Box Number is Not Acceptable) 2537 NW 116TH TERR CORAL SPRINGS FL 33065 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election Gempaign-Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 1 12. Change **Codition** Delete TITEE TITLE NAME KWASI TANKS NAME STREET ADDRESS CRPFORE 2537 NW 116th Terr STREET ADDRESS CITY-ST-ZIP Coton Springs, FL. 33065 CITY-ST-ZIP **E** Addition ☐ Delete TITLE Change TITLE NAME James Abdullah NAME STREET ADDRESS 4001 S.W. 77thave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>miami, FL.33156</u> Delete 3 (T(I Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE -08/01/00-4999 NAME NAME \*\*\*\*158<u>~</u> 75 ~ \*\*\*\*158.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-719 CHTY-ST-ZIF ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CTTY-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. 4 125100 <u>(II) NS II)</u> ianks SIGNATURE: