

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90198 039 \*\*\*150.00

**DOCUMENT # P990000 88174**

1. Entity Name

*Harbor Island Beach Corporation*

Principal Place of Business

Mailing Address

9480 Harding Ave.  
SurfSide, FL 331548925 COLLINS AVE.  
APT. 8-A  
SurfSide, FL 33154

2. Principal Place of Business

9480 Harding Ave

3. Mailing Address

8925 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8-A

City &amp; State

SurfSide, FL

City &amp; State

SurfSide, FL

4. FEI Number

65-0954842

Applied For

Not Applicable

Zip

Country

33154

USA

Zip

Country

33154

USA

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Leonardo A. Roth  
9350 S. Dixie Hwy PH 2  
Miami, FL 33156

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 **D-P-V-S-T** ☐ Delete  
NAME **Rosa Barbazan**  
STREET ADDRESS **8925 COLLINS AVE. APT. 8-A**  
CITY-ST-ZIP **SurfSide, FL 33154**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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

Date

Daytime Phone #

*R. Barbazan* **ROSA BARBAZAN PRESIDENT** 04-17-01 (305) 865-1643

CR2E034 (1/1/00)