FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 13 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000105883

1. Entity Name
SOUTH BEACH RETRO, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 North 29th Avenue	2800 North 29th Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33020 Country: US	Zip: 33020 Country: US

4. FEI Number: 65-0986849 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yoave Bitton

Street Address (P.O. Box Number is Not Acceptable): 2900 North 29th Avenue

City: Hollywood FL Zip Code: 33020

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: X Yoave Bitton (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when changing) Date: X 9/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSTD
NAME	Yoave Bitton
STREET ADDRESS	10681 NW 16th Court
CITY-ST-ZIP	Plantation, FL 33322
TITLE	D
NAME	Raphael Portal
STREET ADDRESS	2900 N 29 Avenue
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Yoave Bitton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: X 9/11/02

Daytime Phone #

yb 9/13/02