

# 2000 UNIFORM BUSINESS REPORT (UBR)\*

DOCUMENT # S73750

1. Entity Name

SOUTH BEACH SKATES, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90147 020 \*\*\*150.00

Principal Place of Business

Mailing Address

~~940 N.W. 30TH COURT~~  
~~MIAMI FL 33125~~

~~940 N.W. 30TH COURT~~  
~~MIAMI FL 33125-2900~~

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7151 SUNSET DR  
Suite, Apt. #, etc.

7151 SUNSET DR  
Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0304010

Applied For

Not Applicable

Zip

Country

33143

DADE

Zip

Country

33143

DADE

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

PASCUAL, RAUL  
940 N.W. 30TH COURT  
MIAMI FL 33125

Name PASCUAL, RAUL C.

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

7151 SUNSET DR

City MIAMI

FL

Zip Code 33143

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

TITLE P ☐ Delete  
NAME PASCUAL, RAUL  
STREET ADDRESS 940 N.W. 30TH COURT  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME PASCUAL, RAUL C  
STREET ADDRESS 7151 SUNSET DR.  
CITY-ST-ZIP MIAMI - FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

02/09/00 6305,662-3822

Date

Daytime Phone #

CR2034 (9/99)