

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79865

1. Entity Name
BLOCKTOBEACH PROPERTIES, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90003 038 ***550.00

Principal Place of Business

1700 JAMES AVENUE
MIAMI BEACH FL 33139

Mailing Address

1700 JAMES AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

16 ISLAND AVE.

3. Mailing Address

16 ISLAND AVE

Suite, Apt. #, etc.

Apt. 7A

Suite, Apt. #, etc.

Apt. 7A

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

33139

USA

33139

USA

4. FEI Number

65-0284401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J ESQ.
20803 BISCAYNE BLVD
STE 301
MIAMI BCH FL 33180

7. Name and Address of New Registered Agent

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
Make Check Payable to, Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME SAULS, STEPHEN ALLEN
STREET ADDRESS 1700 JAMES AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE VP
NAME SAULS, STEPHEN ALLEN
STREET ADDRESS 1700 JAMES AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 16 ISLAND AVE., Apt. 7A
CITY-ST-ZIP MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 16 ISLAND AVE., Apt. 7A
CITY-ST-ZIP MIAMI BEACH, FL 33139

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 of Stephen Allen Sauls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-00

Date

305 348-3525

Daytime Phone #

CR2E034 (5/00)