

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001203 AF

**DOCUMENT # Z00118**

1. Entity Name  
**SOUTH BEACH DESIGN, L.C.**

FILED

01 APR 11 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1604 MICHIGAN AVE  
UNIT NO. 1  
MIAMI BEACH FL 33139**

Mailing Address  
**1604 MICHIGAN AVE  
UNIT NO. 1  
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1501 Calais DR.**

3. Mailing Address  
**1501 Calais DR.**

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

Zip  
**33141-3508**

Country

4. FEI Number  
**65-0145053**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STRATTON, DOUGLAS D.  
505 LINCOLN RD  
MIAMI BEACH FL 33139**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M MACDONALD, JOHANNE 1604 MICHIGAN AVE, #1 MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M AMBROSI, JAYSON JEAN A. 1604 MICHIGAN AVE, #1 MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M MACDONALD, JOHANNE 1501 Calais Drive Miami Beach, FL 33141-3508</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M AMBROSI, JEAN ANTHONY 1501 Calais Drive Miami Beach, FL 33141-3508</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **3-28-01** **305-864-6744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

CR2E083 (11/00)