

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90086 003 ***158.75

DOCUMENT # 858300

1. Entity Name
CLUB MED SALES, INC.



Principal Place of Business
**75 VALENCIA AVE
12TH FLOOR
CORAL GABLES FL 33134
US**

Mailing Address
**75 VALENCIA AVE
12TH FLOOR
CORAL GABLES FL 33134
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2556340**

Applied For

Not Applicable

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERSLICE, JOHN 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV POSTIC, ALAIN 75 VALENCIA AVE., 12TH FLOOR CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEWART, ERIC 75 VALENCIA AVE MIAMI FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINDE, ED 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KIRSCH, EILEEN 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUMBERG, ROBERT 75 VALENCIA AVE 12TH FL CORAL GABLES FL 33134	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Howard Tanenbaum 75 Valencia Ave Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP Sales & Transportation Paula Hayes 75 Valencia Ave Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Marketing Mark Wiser 75 Valencia Ave Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 305-925-9000

Date

Daytime Phone #

CR2E034 (10/02)