DOCUMENT # F9700003581

GRIFFIN SOUTH BEACH, INC.

Principal Place of Business

Mailing Address

944 COLLINS AVE MIAMI FL 33139

SIGNATURE

780 THIRD AVENUE, STE 1801

NEW YORK NY 10017

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 180 City & State City & State



DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3956680 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code FL

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Delete TITLE Change NAME COHEN, LAWRENCE NAME STREET ADDRESS 780 THIRD AVENUE, STE 1801 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY TITLE Delete TITLE Change ☐ Addition NAME DEVERICH, KEVIN NAME STREET ADDRESS STREET ADDRESS 780 THIRD AVENUE, STE 1801 CITY-ST-ZIP CITY-ST-ZIP NEW_YORK_NY TITLE **VS** ☐ Delete TITLE ☐ Change - ☐ Addition NAME NAME REDLICH, GLORIA STREET ADDRESS STREET ADDRESS 780 THIRD AVENUE, STE 1801 CITY-ST-7IP CITY-ST-ZIP NEW YORK NY TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KNOLLMEYER, PAUL STREET ADDRESS STREET ADDRESS 780 THIRD AVENUE, STE 1801 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Change Addition CD ☐ Delete TITLE TITLE NAME NAME GRIFFIN, MERV STREET ADDRESS STREET ADDRESS 9860 WILSHIRE BLVD CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA** □ Delete ☐ Addition TITLE TITLE Change NAME EYRE, MICHAEL NAME STREET ADDRESS STREET ADDRESS 9860 WILSHIRE BLVD CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA**

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

ORIA RODLICH 1/1/01 212-253-403