

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33122

1. Entity Name

DEZER HOTEL CORPORATION OF AMERICA

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90208 020 \*\*\*150.00

Principal Place of Business

8701 COLLINS AVENUE  
MIAMI BEACH FL 33154

Mailing Address

8701 COLLINS AVENUE  
MIAMI BEACH FL 33154

2. Principal Place of Business

18101 Collins Avenue

3. Mailing Address

18101 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

58-1680836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARK, MATTHEW  
8701 COLLINS AVENUE  
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name Ronald R. Fieldstone

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

201 Alhambra Circle  
Suite 601

City

Coral Gables,

FL

Zip Code

33134

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)

RONALD R. FIELDSTONE

3/7/01  
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, 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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **DEZER, MICHAEL**  
CITY-ST-ZIP **89 FIFTH AVE**  
**NEW YORK NY**

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **DEZERTZOV, NAOMI**  
CITY-ST-ZIP **89 FIFTH AVE**  
**NEW YORK NY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
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

Neomi Dezertov

Date

3/23/01

212-929-1285

Daytime Phone #

CR2E034 (10/00)

0188527