FILED
Sep 11, 2002 8:00 am
Secretary of State
09-11-2002 90080 033 ***558.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052727

1. Entity Name

SUNNY ISLES LUXURY VENTURES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 Alhambra Circle	SAME
Suite, Apt. #, etc.: 601	Suite, Apt. #, etc.
City & State: Coral Gables, Florida	City & State
Zip: 33134 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1063548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Shear, Esq.

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: _____ 9/10/02
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) ☐

Filing Fee is $150.00
Certified Copy Fee is $30.00 Optional
Certificate of Status Fee is $8.75 Optional
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Gil Dezer, President 3475 NE 191 Street Aventura, Fl. 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Estee ~~Dezerlov~~ DEZERTZOV, Vice President 1 Irving Place New York, NY 10003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leslie Salmon, Treasurer 103 East 84 Street New York, NY 10003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E031B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gil Dezer 08-26-02 305-357-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #