2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90048-030-$150.00-$150.00

DOCUMENT # P92000008265

1. Entity Name

PALACE RESORTS, INC.

FILED
00 MAR 20 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2125 W OKEECHOBEE ROAD HIALEAH FL 33012	2125 W OKEECHOBEE ROAD HIALEAH FL 33010-1931

2. Principal Place of Business	3. Mailing Address
2125 W. Okeechobee Rd	→ Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State
Zip: 33010 Country: Dade	Zip Country

4. FEI Number 65-0498136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL REY, JORGE
7830 S.W. 82 CT.
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: Carmen López
Street Address (P.O. Box Number is Not Acceptable): 2125 West Okeechobee Road
City: Hialeah FL Zip Code: 33010

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: Jorge del Rey / Carmen López — 3/9/2000, 2/20/2000

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS DEL REY, JORGE 2125 W OKEECHOBEE ROAD HIALEAH FL 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED Jorge del Rey — 2/20/2000 — 1/20/2000 (305)888-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #