

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90006 045 \*\*\*150.00

**DOCUMENT # P93000079750**

Entity Name  
**PARK PLACE LAND, INC.**

Principal Place of Business <b>PONCE DE LEON BLVD. SUITE CORAL GABLES FL 33134</b>	Mailing Address <b>2121 PONCE DE LEON BLVD. PENTHOUSE II CORAL GABLES FL 33134-5224 US</b>
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055667



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3225 AVIATION AVE</b>	3. Mailing Address <b>3225 AVIATION AVE.</b>
Suite, Apt. #, etc. <b>700</b>	Suite, Apt. #, etc. <b>700</b>

City & State <b>COCONUT GROVE, FL</b>	City & State <b>COCONUT GROVE, FL.</b>
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4. FEI Number <b>65-0449720</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MARCUS, STEWART**  
**3225 AVIATION AVE**  
**STE 700**  
**COCONUT GROVE FL 33133**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>PDS</b> <b>MARCUS, STEWART</b> <b>3225 AVIATION AVE, STE 700</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete	<b>VT</b> <b>FAGAN, PETER F</b> <b>3225 AVIATION AVE., STE 700</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Peter F. Fagan*  
 PETER F. FAGAN

4/25/00 305-860-8188  
 Date Office Phone #