

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90025 014 ***150.00

DOCUMENT # P95000096194
 1. Entity Name
FLORIDA RESORT, INC.

Principal Place of Business Mailing Address
~~400 NORTH BISCAYNE BLVD.~~
~~21ST FLOOR, NEW WORLD TOWER~~
~~MIAMI FL 33132-2306~~ ~~400 NORTH BISCAYNE BLVD.~~
~~21ST FLOOR, NEW WORLD TOWER~~
~~MIAMI FL 33132-2304~~

2. Principal Place of Business 3. Mailing Address
c/o Miller & Webner, P.A. **c/o Miller & Webner, P.A.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2442 Poinciana Court **P.O. Box 266947**
 City & State City & State
Weston, FL **Weston, FL**

Zip Country Zip Country
33327 **USA** **33326-6947** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, REBECCA M
~~100 NORTH BISCAYNE BLVD.~~
~~21ST FLOOR, NEW WORLD TOWER~~
~~MIAMI FL 33132-2306~~

7. Name and Address of New Registered Agent

Name
Rebecca M. Miller, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
c/o Miller & Webner, P.A.
2442 Poinciana Court
 City State Zip Code
Weston **FL** **33327**

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 *Rebecca M. Miller* DATE 3/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KRAUSE, HANS-JOACHIM	100 NORTH BISCAYNE BLVD., 21ST FLOOR	MIAMI FL 33132-2306	<input type="checkbox"/>
D	KRAUSE, URSULA M	100 NORTH BISCAYNE BLVD., 21ST FLOOR	MIAMI FL 33132-2306	<input type="checkbox"/>
D	KRAUSE, NICOLA	100 NORTH BISCAYNE BLVD., 21ST FLOOR	MIAMI FL 33132-2306	<input type="checkbox"/>
D	KRAUSE, KATJA	100 N BISCAYNE BLVD 21ST FL	MIAMI FL 33132-2306	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1677 Collins Avenue	Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1677 Collins Avenue	Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1677 Collins Avenue	Miami Beach, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Janzon, Katja	1677 Collins Avenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *K. Janzon* Date 3/4/00 Daytime Phone # (954)385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katja Janzon, Vice President

CR20014 (1/99)