

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90050 009 ***150.00

DOCUMENT # P96000019736

1. Entity Name

CLINTON INTERNATIONAL GROUP GULF COAST, INC.
Commercial

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BOULEVARD
 PENTHOUSE
 CORAL GABLES FL 33131

2121 PONCE DE LEON BOULEVARD
 PENTHOUSE
 CORAL GABLES FL 33134-5224

2. Principal Place of Business

3. Mailing Address

3225 AVIATION AVE

3225 AVIATION AVE.

Suite, Apt. #, etc.
700

Suite, Apt. #, etc.
700

City & State

COCONUT GROVE, FL.

City & State

COCONUT GROVE, FL

4. FEI Number

65-0778367

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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)

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 Delete
VDS
 NAME **MARCUS, STEWART**
 STREET ADDRESS **2121 PONCE DE LEON BOULEVARD, PENTHOUSE**
 CITY-ST-ZIP **CORAL GABLES FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
P
 NAME **SHACKLETON, NICHOLAS J**
 STREET ADDRESS **3225 AVIATION AVE STE 700**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
VT
 NAME **FAGAN, PETER F**
 STREET ADDRESS **3225 AVIATION AVE STE 700**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 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]*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 *305-860-8188*
 Date Daytime Phone #

CR2E034 (9/99)