

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90011 003 ***150.00

DOCUMENT # 580308
1. Entity Name
OceanFront Resorts Inc. UR

Principal Place of Business 6979 Collins Ave Miami Beach FL 33141	Mailing Address 6979 Collins Ave Miami Beach FL 33141
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00061548

2. Principal Place of Business 5701 Collins Ave Suite, Apt. #, etc. Ph 14	3. Mailing Address 5701 Collins Ave. Suite, Apt. #, etc. Ph-14
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DO NOT WRITE IN THIS SPACE

City & State Miami Beach FL	City & State Miami Beach FL	4. FEI Number 65-028 3827	Applied For <input type="checkbox"/> Not Applicable
Zip 33140	Country Miami Dade	Zip 33140	Country Miami-Dade

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

6. Name and Address of Current Registered Agent
James R. Falin
 5701 Collins Ave. #1715
 Miami Beach FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
 5701 Collins Ave Ph 14
City Miami Beach **FL** **Zip Code** 33140

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 James R. Falin **DATE** 8/13/01
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, 2001 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		<input type="checkbox"/> Delete
TITLE Pres	NAME James R. Falin	<input type="checkbox"/> Delete
STREET ADDRESS 5701 Collins Ave #1715	CITY-ST-ZIP Miami Beach FL 33140	
TITLE Sec. Treasurer	NAME MARIA HOFFMAN	<input type="checkbox"/> Delete
STREET ADDRESS 5701 Collins Ave #1715	CITY-ST-ZIP Miami Beach FL 33140	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 5701 Collins Ave Ph-14	CITY-ST-ZIP Miami Beach FL 33140		
TITLE	NAME	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 5701 Collins Ave Ph-14	CITY-ST-ZIP Miami Beach FL		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: James R. Falin **DATE** 8/13/01 **Daytime Phone #** 305-866-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (11/00)