

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007686

1. Entity Name

OCEAN GRANDE BEACH RESORT, L.C.

Principal Place of Business

% IRVING SHIMOFF, ESQ.
NATIONSBANK TOWER, 100 SE 2ND ST. #3920
MIAMI FL 33131

Mailing Address

% IRVING SHIMOFF, ESQ.
NATIONSBANK TOWER, 100 SE 2ND ST. #3920
MIAMI FL 33131

2. Principal Place of Business

18101 Collins Avenue

3. Mailing Address

18101 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIMOFF, IRVING ESQ.
NATIONSBANK TOWER, SUITE 3920
100 SOUTHEAST 2ND STREET
MIAMI FL 33131

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite 601

City

Coral Gables

FL

Zip Code
33134

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)

RONALD R. FIELDSTONE

3/7/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003993142--1
-04/12/01--01008--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEZER, MICHAEL
89 FIFTH AVENUE, 11TH FLOOR
NEW YORK NY 10003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEZERTZOV, NEOMI
89 FIFTH AVENUE, 11TH FLOOR
NEW YORK NY 10003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Neomi Dezertov

3/26/01

212-929-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE