

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000048649**

1. Entity Name
PRESIDENTIAL RESORTS INTERNATIONAL CORPORATION

Principal Place of Business
**3250 N.E. 32 STREET
FORT LAUDERDALE FL 33308**

Mailing Address
**3250 N.E. 32 STREET
FORT LAUDERDALE FL 33308**

2. Principal Place of Business
**101 N Riverside DR
Suite, Apt. #, etc.
214**

3. Mailing Address
**101 N Riverside DR
Suite, Apt. #, etc.
214**

City & State
Pompano Beach FL
Zip
33062

City & State
Pompano Beach FL
Zip
33062

4. FEI Number **52-2103317**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSSO, FRANK
3250 N.E. 32 STREET
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
101 N Riverside DR Suite 214
City **Pompano Beach** FL Zip Code **33062**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSSO, FRANK 3250 N.E. 32 STREET FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JAMES 3250 N.E. 32 STREET FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, RON 3250 N.E. 32 STREET FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC ROSSO, FRANK 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, James 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schilling, Ron 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS messina, ALAN 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Pestore, Joseph 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT lipman, Ron 101 N Riverside DR - Suite 214 Pompano Beach FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Ron Lipman** **Ron Lipman, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

954-781-6884

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 038 ***150.00

UUU48763



DO NOT WRITE IN THIS SPACE