

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90098 034 ***158.75

DOCUMENT # P97000040377

1. Entity Name
MIAMI BEACH VACATION RESORTS, INC.



Principal Place of Business
**1177 KANE CONCOURSE, STE. 201
BAY HARBOR FL 33154**

Mailing Address
**1177 KANE CONCOURSE, STE. 201
BAY HARBOR FL 33154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0760986**

Applied For

Not Applicable

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

**TAPLIN, MARTIN W.
1177 KANE CONCOURSE, SUITE 201
BAY HARBOUR FL 33154**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **TAPLIN, MARTIN W**
STREET ADDRESS **1177 KANE CONCOURSE, STE. 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

☐ Delete

TITLE **EVP**
NAME **SAZANT, NEIL S**
STREET ADDRESS **1177 KANE CONCOURSE, STE. 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

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TITLE **ST**
NAME **SILVA, OSMILDA**
STREET ADDRESS **1177 KANE CONCOURSE, SUITE 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

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CITY-ST-ZIP

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☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)