

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709105

1. Entity Name

GREATER MIAMI & THE BEACHES HOTEL ASSOCIATION, I

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90118 046 ****61.25

Principal Place of Business

407 LINCOLN ROAD
SUITE 10 G
MIAMI BEACH FL 33139
US

Mailing Address

407 LINCOLN ROAD
SUITE 10 G
MIAMI BEACH FL 33139-3016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0272095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BLUMBERG, STUART L
407 LINCOLN ROAD
SUITE 10 G
MIAMI BEACH FL 33139

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME CD
STREET ADDRESS RODIABAUGH, DOUG
CITY-ST-ZIP 407 LINCOLN RD STE 10G
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME VCD
STREET ADDRESS FURCHT, MICHAEL
CITY-ST-ZIP 407 LINCOLN RD STE 10G
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME VCD
STREET ADDRESS HARVEY, LINDA
CITY-ST-ZIP 407 LINCOLN RD STE 10G
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME T
STREET ADDRESS NOSTRAND, STEPHEN
CITY-ST-ZIP 407 LINCOLN RD STE 10G
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME S
STREET ADDRESS CANTON, SPERO
CITY-ST-ZIP 407 LINCOLN RD, STE 10G
MIAMI BEACH FL 33139

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 (305/531-3553)
Date Daytime Phone #

CR2E037 (9/99)