

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

DOCUMENT # F19620

1. Entity Name
RESORT PROPERTIES INTERNATIONAL, INC.

08-11-2002 90163 020 ***150.00

0085069 AV

Principal Place of Business
226 CHILLIAN AVENUE
PALM BEACH FL 33480
US

Mailing Address
226 CHILLIAN AVENUE
PALM BEACH FL 33480
US

B0133830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
205 WORTH AVENUE
 Suite, Apt. #, etc.
SUITE 201
 City & State
PALM BEACH FL
 Zip
33480 Country
PA

3. Mailing Address
205 WORTH AVENUE
 Suite, Apt. #, etc.
SUITE 201
 City & State
PALM BEACH FL
 Zip
33480 Country
PA

4. FEI Number **59-2077422** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAMON, CONRAD ESQ
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

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 _____ DATE _____
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PTS MILLER, BARRY 226 CHILLIAN AVENUE PALM BEACH FL 33480	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	205 WORTH AVE # 201 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *[Signature]* 8/7/02 561-859-0866

CR2E034 (4/02)

*Attachment
F19620*

RESORT PROPERTIES INTERNATIONAL, INC.

205 WORTH AVENUE SUITE 201 ~ PALM BEACH, FLORIDA 33480 ~ USA
Phone (561) 659-0866 ~ Fax (561) 659-0528 ~ Email RESORTPI@AOL.COM

AUGUST 7, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: UNIFORM BUSINESS REPORT DOCUMENT # F 19620
RESORT PROPERTIES INTERNATIONAL, INC.

ENCLOSED PLEASE FIND THE ABOVE REFERENCE UNIFORM BUSINESS REPORT
WITH THE PROPER ADDRESS CHANGE.

ACCORDINGLY, SINCE I NEVER RECEIVED NOTICE TO FILE THIS REPORT PRIOR
TO THIS MONTH, PLEASE ACCEPT THE ENCLOSED CHECK IN THE AMOUNT OF \$150.00
AS THE PROPER FILING FEE.

SINCERELY,


BARRY MILLER