

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 17, 2001 08:00 AM

Secretary of State

DOCUMENT # F94000001583

1. Entity Name  
2600 ISLAND BOULEVARD, INC.

Principal Place of Business  
7900 ISLAND BLVD.  
N. MIAMI BEACH FL 33160

Mailing Address  
7900 ISLAND BLVD.  
N. MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
65-0452770

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MATUS ALAN  
7900 ISLAND BLVD.  
N. MIAMI BEACH FL 33160 US

## 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.

SIGNATURE \_\_\_\_\_ 07/17/2001  
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	VAS	<input type="checkbox"/> Delete
NAME	FINVARB ROBERT I	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	EVST	<input type="checkbox"/> Delete
NAME	LIEB JAMES M	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	TORPEY CARITE	
STREET ADDRESS	7900 ISLAND BLVD	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	MATUS ALAN	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Alan Matus  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPS 07/17/2001

Date Daytime Phone #

CR2E034 (11/00)