

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16514

1. Entity Name

INTERNATIONAL BEACH HOTEL DEVELOPMENT, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90017 014 ***150.00

Principal Place of Business

Mailing Address

941 N.E. 19TH AVENUE
310
FT LAUDERDALE FL 33304

941 N.E. 19TH AVENUE
310
FT LAUDERDALE FL 33304-3092

2. Principal Place of Business

3. Mailing Address

PO Box 7138

PO Box 7138

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip
33338

Country

Zip
33338

Country

4. FEI Number

59-2454528

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

MEYERS, STEVEN P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33133

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SVIRSKY, SEYMOUR
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304-3319 ☐ Delete

TITLE VD
NAME ABRAMOWITZ, CHARLES
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304-3319 ☐ Delete

TITLE SD
NAME AXELROD, BERHARD
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304-3319 ☐ Delete

TITLE TD
NAME AXELROD, CARHN
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304-3319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Charles A. Cline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-2000

CR2E034 (9/99)