

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90009 009 \*\*\*\*50.00

**DOCUMENT # L97000000816**

1. Entity Name

**INDIGO RESORTS INTERNATIONAL, L.C.**

Principal Place of Business

**C/O MARY ANN BONGIORNO  
4053 SOUTH SURF ROAD  
HOLLYWOOD FL 33019**

Mailing Address

**1561 NW 14 AVE.  
BOCA RATON FL 33486**

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

**65-0773513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, STEPHEN J  
321 SOUTHEAST 15TH AVENUE  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

**VIRGINIA DANIELS**

Street Address (P.O. Box Number is Not Acceptable)

**1561 NW 14 AVE**

**BOCA RATON**

City

**FL**

Zip Code

**33486**

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

*Virginia Daniels*

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

(NOTE: Registered Agent signature required when reinstating)

**1/14/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** ☐ Delete  
NAME **BONGIORNO, MARY ANN**  
STREET ADDRESS **1561 NW 14 AVE.**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D** ☐ Change ☒ Addition  
NAME **DANIELS, VIRGINIA**  
STREET ADDRESS **1561 NW 14 AVE**  
CITY-ST-ZIP **BOCA RATON, FL**

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Mary Ann Bongiorno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/14/02 (561) 417-3897**

Date Daytime Phone #

CR2E083 (9/01)