

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59438

1. Entity Name

DESTINATION MIAMI, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90105 006 ***150.00

Principal Place of Business

Mailing Address

755 NW 72ND AVE., LOBBY 21
MIAMI FL 33126

755 NW 72ND AVE., LOBBY 21
MIAMI FL 33126-3010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2843261

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

GARMAN, GUY
2840 N. SR 7
HOLLYWOOD FL 33024

Name Kimberly S. Daise

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

X 12316 SE 4th Ave.

City Fort Lauderdale

FL

Zip Code X 33316

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 Kimberly S. Daise, Legal Counsel DATE 4/17/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	AYAU, OLGA MARIA	
STREET ADDRESS	755 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	PADILLA, AL	
STREET ADDRESS	755 NW 72 AVE LOBBY 21	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE OF PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 305-267-7370

CR2E034 (9/99)