

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000098749**

1. Entity Name  
**OFFSHORE RESORT DEVELOPMENT, INC.**

Principal Place of Business      Mailing Address  
**7701 S.W. 54TH AVENUE**      **7701 S.W. 54TH AVENUE**  
**MIAMI FL 33143**      **MIAMI FL 33143**

2. Principal Place of Business      3. Mailing Address  
**(SAME)**      Suite, Apt. #, etc.

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

**FILED**

**01 OCT -2 PM 12:50**

SECRETARY OF STATE  
FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DAVID, JONATHAN N ESQ.**  
**7701 S.W. 54TH AVENUE**  
**MIAMI FL 33143**

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 \_\_\_\_\_ 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 12, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARVANITOPOULOS, NIKOLAS</b> <b>421 LUENGA AVENUE</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECT'Y</b> <b>JONATHAN DAVID ESQ.</b> <b>7701 S.W. 54 AVE</b> <b>MIAMI FL 33143</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, RONALD</b> <b>C/O 7701 S.W. 54TH AVENUE</b> <b>MIAMI FL 33143</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Jonathan N. David*      **JONATHAN N. DAVID ESQ.**      **SEPT. 15, 2001**      **(305) 863-9106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **SECT'Y & ATTY IN FACT**      Date      **OR 666-7947**

*Jonathan N. David*

**OCT. 1, 2001**

0043338 AV      CR2E034 (5/01)