

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 19, 2002 8:00 am**
Secretary of State

02-19-2002 90072 028 ***150.00

DOCUMENT # P000001111541. Entity Name
WATERFRONT ENTERPRISES OF SOUTH FLORIDA, INC. ✓

Principal Place of Business

**1575 SAN IGNACIO SUITE 100
CORAL GABLES FL 33146**

Mailing Address

**1575 SAN IGNACIO SUITE 100
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR
32-0015776

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**GOLDMAN, MATT D ESQ
MATT D. GOLDMAN, P.A.
1450 MADRUGA AVE SUITE 203
CORAL GABLES FL 33146**

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

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, 2002 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

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BAUMGARD, DANIEL
1575 SAN IGNACIO SUITE 100
CORAL GABLES FL 33146**☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 661-0110 1/20/02

Date

Daytime Phone #

CR2E004 (9/01)