

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90134 002 ***150.00

DOCUMENT # P01000022871

1. Entity Name

ISLAND BEACH RESORT, INC.

Principal Place of Business

730 SOUTH LAKE SIDE DR
 LAKE WORTH FL 33460

Mailing Address

730 SOUTH LAKE SIDE DR
 LAKE WORTH FL 33460

2. Principal Place of Business

9800 South Ocean Drive

3. Mailing Address

9800 South Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sensen Beach, FL

Sensen Beach FL 3

City & State

City & State

Zip

Country

Zip

Country

34957

34957

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.

941 FOURTH STREET #200

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Wolfgang F Baere

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

9800 South Ocean Drive

Sensen Beach

City

FL

Zip Code

34957

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 Wolfgang F. Baere Pres.
 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 **D** ☐ Delete
 NAME **BAERE, WOLFGANG F**
 STREET ADDRESS **730 SOUTH LAKE SIDE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Baere, Wolfgang F**
 STREET ADDRESS **9800 South Ocean Drive**
 CITY-ST-ZIP **Sensen Beach, FL 34957**

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

TITLE ☐ Change ☐ Addition
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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: Wolfgang F. Baere
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-28-02

Daytime Phone #

CR2E034 (9/01)