

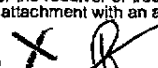


FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000009234 1. Entity Name COMMODORE MIAMI BEACH CORPORATION		 Secretary of State																																																												
Principal Place of Business 1360 COLLINS AVE MIAMI BEACH, FL 33139	Mailing Address EDWARD KORN 450 7TH AVE STE 1109 NEW YORK, NY 10123																																																													
DO NOT WRITE IN THIS SPACE		 01082004 No Chg-P CR2E034 (10/03)																																																												
		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:80%;">4. FEI Number 65-0392181</td><td style="width:20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0392181	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																									
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6. Name and Address of Current Registered Agent GLAZER, RON 1401 COLLINS AVE MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE																																																												
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. I am familiar with, and accept the obligations of registered agent.																																																														
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td style="width:40%;">P</td><td style="width:50%;"></td></tr><tr><td>NAME</td><td>GLAZER, RON</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1401 COLLINS AVE.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI BEACH, FL 33139</td><td></td></tr><tr><td>TITLE</td><td>VP</td><td></td></tr><tr><td>NAME</td><td>HALACHMY, DAVID BEIT</td><td></td></tr><tr><td>STREET ADDRESS</td><td>11 LYNN DR.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>ENGLEWOOD CLIFFS, NJ</td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	P		NAME	GLAZER, RON		STREET ADDRESS	1401 COLLINS AVE.		CITY-ST-ZIP	MIAMI BEACH, FL 33139		TITLE	VP		NAME	HALACHMY, DAVID BEIT		STREET ADDRESS	11 LYNN DR.		CITY-ST-ZIP	ENGLEWOOD CLIFFS, NJ		TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		DO NOT WRITE IN THIS SPACE																																																												
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"><div>1/24/04 <small>Date</small></div><div>212-685-8300 <small>Daytime Phone #</small></div></div>																																																												