

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000045741**1. Entity Name  
MAH REAL ESTATE VENTURES, INC.

|  |  |
|--|--|
| Principal Place of Business<br>1111 LINCOLN ROAD SUITE 800<br><br>MIAMI BEACH FL 33139 | Mailing Address<br>1111 LINCOLN ROAD SUITE 800<br><br>MIAMI BEACH FL 33139 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>1111 LINCOLN ROAD SUITE 400 | 3. Mailing Address<br>1111 LINCOLN ROAD SUITE 400 |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>MIAMI BEACH FL | City & State<br>MIAMI BEACH FL |
|--------------------------------|--------------------------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0687112</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33139 | Country | Zip<br>33139 | 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**

GARFINKLE DAVID  
1111 LINCOLN ROAD SUITE 800  
  
MIAMI BEACH FL 33139 US

Name  
GARFINKLE DAVID  
Street Address (P.O. Box Number is Not Acceptable)  
1111 LINCOLN ROAD SUITE 400  
  
City  
MIAMI BEACH FL Zip Code  
33139

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 **DAVID GARFINKLE****04/24/2001**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GARFINKLE MARLA<br>1111 LINCOLN ROAD SUITE 800<br>MIAMI BEACH FL 33139 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GARFINKLE DAVID<br>1111 LINCOLN ROAD SUITE 800<br>MIAMI BEACH FL 33139 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GARFINKLE MARLA<br>1111 LINCOLN ROAD SUITE 400<br>MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GARFINKLE DAVID<br>1111 LINCOLN ROAD SUITE 400<br>MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: David Garfinkle**

PD

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)