

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096194

1. Entity Name

FLORIDA RESORT, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90025 014 \*\*\*150.00

Principal Place of Business

~~400 NORTH BISCAYNE BLVD.~~  
~~21ST FLOOR, NEW WORLD TOWER~~  
~~MIAMI FL 33132-2306~~

Mailing Address

~~400 NORTH BISCAYNE BLVD.~~  
~~21ST FLOOR, NEW WORLD TOWER~~  
~~MIAMI FL 33132-2306~~

2. Principal Place of Business

c/o Miller & Webner, P.A.

3. Mailing Address

c/o Miller & Webner, P.A.

Suite, Apt. #, etc.

2442 Poinciana Court

Suite, Apt. #, etc.

P.O. Box 266947

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0642383

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33326-6947

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, REBECCA M  
100 NORTH BISCAYNE BLVD.  
21ST FLOOR, NEW WORLD TOWER  
MIAMI FL 33132-2306

7. Name and Address of New Registered Agent

Name

Rebecca M. Miller, Esq.

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

c/o Miller & Webner, P.A.

2442 Poinciana Court

City  
Weston

FL

Zip Code  
33327

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

*Rebecca M. Miller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS KRAUSE, HANS-JOACHIM  
CITY-ST-ZIP ~~100 NORTH BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132-2306~~

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRAUSE, URSULA M  
CITY-ST-ZIP ~~100 NORTH BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132-2306~~

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRAUSE, NICOLA  
CITY-ST-ZIP ~~100 NORTH BISCAYNE BLVD., 21ST FLOOR~~  
~~MIAMI FL 33132-2306~~

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KRAUSE, KATJA  
CITY-ST-ZIP ~~100 N BISCAYNE BLVD 21ST FL~~  
~~MIAMI FL 33132-2306~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1677 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1677 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1677 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☒ Change ☐ Addition  
NAME Janzon, Katja  
STREET ADDRESS 1677 Collins Avenue  
CITY-ST-ZIP Miami Beach, FL 33139

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

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

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:

*Katja Janzon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Katja Janzon, Vice President

3/4/00

(954)385-9030

Date

Daytime Phone #

CR20014 (1/99)