

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90285 032 ***150.00

629219



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000096194

1. Entity Name
FLORIDA RESORT, INC.

Principal Place of Business C/O MILLER & WEBNER, P.A. 2442 POINCIANA CT. WESTON FL 33327	Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326
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2. Principal Place of Business 1677 Collins Ave. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami Beach, Florida	City & State
Zip 33139	Country

4. FEI Number 65-0642383	Applied For <input type="checkbox"/> Not Applicable
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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

**MILLER, REBECCA M
 C/O MILLER & WEBNER, P.A.
 2442 POINCIANA CT.
 WESTON FL 33327**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, HANS-JOACHIM	
STREET ADDRESS	1677 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, URSULA M	
STREET ADDRESS	1677 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, NICOLA	
STREET ADDRESS	1677 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANZON, KATJA	
STREET ADDRESS	1677 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meyer, Nicola	
STREET ADDRESS	1677 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **JAN 15 01** (954) 385-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)