

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089036

1. Entity Name

INDIAN CREEK RESORTS DEVELOPMENT, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90261 026 ***150.00

Principal Place of Business

1047 92ND ST
44 W. FLAGLER STREET, 14TH FLOOR
BAY HARBOR ISLANDS FL 33154
US

Mailing Address

1047 92ND ST
44 W. FLAGLER STREET, 14TH FLOOR
BAY HARBOR ISLANDS FL 33154
US

2. Principal Place of Business

6000 INDIAN CREEK RD
Suite, Apt. #, etc.

3. Mailing Address

755 E. 49th St
Suite, Apt. #, etc.

City & State

Miami Beach FL 33140

Zip 33140 Country USA

City & State

Hialeah FLA.

Zip 33013 Country USA

4. FEI Number

65-0723209

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GANGUZZA, JOSEPH H
150 W. FLAGLER ST 27TH FLOOR
44 W. FLAGLER STREET, 14TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Fabian Garcia Diaz
Street Address (P.O. Box Number is Not Acceptable)
755 E. 49th St #8
City Hialeah FL FL Zip Code 33013

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEON, CARLOS A	
STREET ADDRESS	1047 92ND ST	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA-DIAZ, FABIAN	
STREET ADDRESS	1047 92ND ST	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0189592