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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099627

1. Corporation Name
SANDMAN BISCAYNE, INC.

Principal Place of Business

20200 NW 37TH AVE
SUITE 780
CAROL CITY FL 33056
US

Mailing Address

20200 NW 37TH AVE
SUITE 780
CAROL CITY FL 33056
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

65-0717694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1290 NE 108th St.**

2a. Mailing Address

26 **1290 NE 108th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **N. Miami, FL**

City & State

28 **N. Miami, FL**

Zip

24 **33181** 25 **USA**

Zip

29 **33181** 30 **USA**

9. Name and Address of Current Registered Agent

NEUFELD, ALAN S ESQ
20200 NW 37TH AVE
SUITE 780
CAROL CITY FL 33056

10. Name and Address of New Registered Agent

81 Name **DAVID FREEDMAN, ESQ.**

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

11900 BISCAYNE BLVD

83 **Suite 606**

84 City **N. Miami**

FL

85 Zip Code **33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

4-28-99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **FREEDMAN, SANFORD**
CITY-ST-ZIP **20200 NW 37TH AVE**
CAROL CITY FL 33056

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **GRABOIS, MITCHELL**
CITY-ST-ZIP **20200 NW 37TH AVE**
CAROL CITY FL 33056

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4-28-99

Date

Daytime Phone #

305-891-5852

CR2E034 (1/98)