## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P96000101605 JERIKA PROPERTIES II, INC. 01-31-2001 90158 001 \*\*\*300.00 Principal Place of Business Mailing Address 913 NORMANDY DRIVE 6001 NW 153RD ST MIAMI BEACH FL 33141 $\mathbf{v}$ $\mathbf{v}$ $\mathbf{v}$ $\mathbf{v}$ #110 MIAMI LKS FL 33014 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0735502 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WASERSTEIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 913 NORMANDY DRIVE MIAMI BEACH FL 33141 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change Addition NAME WASERSTEIN, ALAN STREET ADDRESS 9509 HARDING AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL TITLE ☐ Delete ☐ Change ☐ Addition NAME WASERSTEIN, RICHARD STREET ADDRESS 913 NORMANDY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dhlete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental reports. t qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if th this fil: of the corporation or the receiver or pusted changed, or on an attachment with an addre

OR DIRECTOR