

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000103162**

1. Entity Name

**DÉSTIN/SHARKTOOTH VENTURES, INC.****FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90189 004 \*\*\*150.00

0198924 AV

Principal Place of Business

**2333 BRICKELL AVE  
STE D-1  
MIAMI FL 33129**

Mailing Address

**2333 BRICKELL AVE  
STE D-1  
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0720007**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID, MARY ANN Y.  
2333 BRICKELL AVE  
STE D-1  
MIAMI FL 33129**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
ROSEN, NORMAN S  
2333 BRICKELL AVE, STE D-1  
MIAMI FL 33129**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
OLSON, CARL RICHARD JR  
2333 BRICKELL AVE, STE D-1  
MIAMI FL 33129**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition13. I hereby certify that the information s  
indicated on this report or  
of the corporation or the  
changed, or on an attacnot 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  
execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 ifSIGNATURE: *Norman S. Rosen*

IF SIGNING OFFICER OR DIRECTOR

*Norman S. Rosen*

4/23/02

(305) 859-4900

CR2E034 (9/01)