

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-13-2001 90005 041 ***150.00

DOCUMENT # P97000024846

1. Entity Name
ATLANTIC BEACH HOTEL, INC.

Principal Place of Business Mailing Address
407 LINCOLN ROAD 407 LINCOLN ROAD
SUITE 704 SUITE 704
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-10211217 APPLIED FOR 12 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

FOX, NELSON
407 LINCOLN ROAD
SUITE 704
MIAMI BEACH FL 33139

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOX, NELSON	
STREET ADDRESS	407 LINCOLN ROAD, SUITE 704	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOONEY, ROBERT	
STREET ADDRESS	1355 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nelson Fox 1/13/01 (305) 532-6100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)