

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90220 019 ***158.75

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DOCUMENT # P97000025253

1. Entity Name
PLANTATION TOWNE - WASERSTEIN, INC.



Principal Place of Business
**1655 DREXEL DR., STE. 212
MIAMI BEACH FL 33139**

Mailing Address
**1655 DREXEL DR., STE. 212
MIAMI BEACH FL 33139**



2. Principal Place of Business
1655 Drexel Ave

3. Mailing Address
1655 Drexel Ave

Suite, Apt. #, etc.
212

Suite, Apt. #, etc.
212

City & State
Miami Beach FL

City & State
Miami Beach FL

Zip
33139

Zip
33139

4. FEI Number
65-0741359

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WASERSTEIN, LIBA
1655 DREXEL DR., STE. 212
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **Carlos Waserstein**

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

1655 Drexel Ave #212

City **Miami Beach FL** Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DR** ☐ Delete
NAME **WASERSTEIN, LIBA**
STREET ADDRESS **1655 DREXEL DR., STE. 212**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DS** ☐ Delete
NAME **WASERSTEIN, CARLOS**
STREET ADDRESS **1655 DREXEL DR., STE. 212**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/Treasurer** ☒ Change ☐ Addition
NAME **Waserstein, Liba**
STREET ADDRESS **1655 Drexel Ave, #212**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **D/President/Secretary** ☒ Change ☐ Addition
NAME **Waserstein, Carlos**
STREET ADDRESS **1655 Drexel Ave #212**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **D/Vice-President** ☐ Change ☒ Addition
NAME **Waserstein, Daniel**
STREET ADDRESS **1655 Drexel Ave #212**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/03

Daytime Phone #

CR2E034 (10/02)