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

SIGNATURE:

## Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P9700034295 SAN TAHOE PROPERTIES, INC. 01-26-2001 90051 021 \*\*\*150.00 Principal Place of Business Mailing Address 660 NE 11TH AVE 303 NE 9TH AVE FORT LAUDERDALE FL 33304 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0754718 Not Applicable 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 WEISS, MATT L Street Address (P.O. Box Number is Not Acceptable) 303 NE 9TH AVE FORT LAUDERDALE FL 33301 City 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) DATE 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 **PSTD** TITLE TITLE ☐ Addition □ Delete Change NAME WEISS, MATT L NAME STREET ADDRESS STREET ADDRESS 303 NE 9TH AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

**FILED**