2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State P97000040377 DOCUMENT # 1. Entity Name MIAMI BEACH VACATION RESORTS, INC. Principal Place of Business Mailing Address 1177 KANE CONCOURSE, STE. 201 1177 KANE CONCOURSE, STE, 201 BAY HARBOR FL 33154 BAY HARBOR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0760986 Not Applicable Zip Country 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 TAPLIN, MARTIN W. Street Address (P.O. Box Number is Not Acceptable) 1177 KANE CONCOURSE, SUITE 201 **BAY HARBOUR FL 33154** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE Delete TITLE TAPLIN, MARTIN W NAME NAME 1177 KANE CONCOURSE, STE. 201 STREET ADDRESS STREET ADDRESS **BAY HARBOR FL 33154** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SAZANT, NEIL S NAME NAME 1177 KANE CONCOURSE, STE. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY HARBOR FL 33154 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SILVA, OSMILDA NAME 1177 KANE CONCOURSE, SUITE 201 STREET ADDRESS STREET ADDRESS BAY HARBOR FL 33154 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ 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 with this filing does not qualify for the exemption stated in ort is fue and accurate and that my signature shall have the mpowered to execute this report as required by Chapter (I hereby certify that the information supplied ction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is of the corporation or the receiver or trusted emporation. same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ar