

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 013 ***150.00

DOCUMENT # P97000080396

1. Entity Name
MIRAMAR MARINA CORP.



Principal Place of Business
**ONE BAYFRONT PLAZA SUITE 900
100 S BISCAYNE BLVD
MIAMI, FL 33131**

Mailing Address
**ONE BAYFRONT PLAZA SUITE 900
100 S BISCAYNE BLVD
MIAMI, FL 33131**

10000051



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0783152

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLLO, TIBOR
ONE BAYFRONT PLAZA SUITE 1100
100 S BISCAYNE BLVD
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLO, TIBOR
STREET ADDRESS	1 BAYFRONT PLAZA STE 1100, 100 S. BISCAYNE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S BISCAYNE BLVD STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S BISCAYNE BLVD., STE 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	HOLLO, JEROME
STREET ADDRESS	100 S. BISCAYNE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	BAER, STEVE
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

010-6210