2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000082326** CASA GRANDE HOTEL, INC. 02-14-2000 90024 004 ***150.00 Principal Place of Business Mailing Address 2781 NE 57TH CT 2781 NE 57TH CT FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2723 しせいんまますり 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0792147 Not Applie 11 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGER, PHILIP B Street Address (P.O. Box Number is Not Acceptable) 20486 W. DIXIE HWY. **MIAMI FL 33180** 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 ragistered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!LFEE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete WALDMAN, PETER G. NAME NAME 2781 NE 57TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33308 🗶 Change ■ Addition Delete TITLE TITLE Botton, Danny **BOTTOM, DANNY** NAME NAME STREET ADDRESS STREET ADDRESS 5833 SW 33RD AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Delete TITLE ☐ Change Addition TITI F NAME ANIDJAR, SAMUEL NAME STREET ADDRESS 3001 N 34TH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Addition TITLE Delete **BOTTON, NATHAN** NAME NAME wildwood, New Jersey 082 STREET ADDRESS STREET ADDRESS 4525 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE à. '. TITLE NAME NAME Something STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.