## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000082326 Jan 30, 2001 8:00 am **Secretary of State** CASA GRANDE HOTEL, INC. 01-30-2001 90225 033 \*\*\*150.00 Principal Place of Business Mailing Address 2781 NE 57TH CT 2781 NE 57TH CT FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 65-0792147 Applied For 4. FEI Number Not Applicable Zip Country 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 BERGER, PHILIP B 20486 W. DIXIE HWY. MIAMI FL 33180 arity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intargible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete TITLE ☐ Addition WALDMAN, PETER G. NAME NAME 2781 NE 57TH CT STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition BOTTON, DANNY NAME 5833 SW 33RD AVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ANIDJAR, SAMUEL NAME NAME 3001 N 34TH ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BOTTON, NATHAN NAME 3000 BOARDWALK STREET ADDRESS STREET ADDRESS WILDWOOD NJ 08260 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLÉ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.

SIGNATURE: Peter G. Walde

January 24, 200

954-938-190

Daytime Phone #