

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086602

1. Entity Name

MAGNUM RESORT RESERVATIONS, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90014 034 ***150.00

Principal Place of Business Mailing Address
2875 NE 191 ST 2875 NE 191 ST
801 801
AVENTURA FL 33180 AVENTURA FL 33180
US US

2. Principal Place of Business 3. Mailing Address
2875 NE 191 STREET 2875 NE 191 STREET

Suite, Apt. #, etc. Suite, Apt. #, etc.
900 900

City & State City & State
Aventura FL Aventura FL

Zip Country Zip Country
33180 33180



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0787087 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	METZ, CHERISE	
STREET ADDRESS	1818 NE 31 CRT #1908	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCK, LARA	
STREET ADDRESS	19904 NE 19 PLACE	
CITY-ST-ZIP	AVENTURA FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDLAND, DAVID	
STREET ADDRESS	4000 ISLAND BLVD #2806	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDLAND, BRETT	
STREET ADDRESS	1000 E ISLAND BLVD, #505	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, CHERISE	
STREET ADDRESS	19470 AMBASSADOR CT	
CITY-ST-ZIP	AVENTURA FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N. MIAMI BEACH	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Friedland	
STREET ADDRESS	3400 NE 192nd Street #1001	
CITY-ST-ZIP	Aventura FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, BRETT	
STREET ADDRESS	3900 ISLAND BLVD #PH3	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FRIEDLAND

Date

1/31/01

Daytime Phone #

305 935 7564

CR2E034 (10/00)