

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000086602

1. Entity Name
MAGNUM RESORT RESERVATIONS, INC.



Principal Place of Business

**2875 NE 191 STREET
900
AVENTURA, FL 33180 US**

Mailing Address

**2875 NE 191 STREET
900
AVENTURA, FL 33180 US**



03032004 No Chg-P CR2E034 (10/03)

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**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000080792
03/08/04-80123-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **METZ, CHERISE**
STREET ADDRESS **19470 AMBASSADOR CT.**
CITY-ST-ZIP **NORTH MIAMI, FL 33179**

TITLE **D**
NAME **BLOCK, LARA**
STREET ADDRESS **19904 NE 19 PLACE**
CITY-ST-ZIP **AVENTURA, FL 33179**

TITLE **P**
NAME **FRIEDLAND, DAVID**
STREET ADDRESS **917 MANATEE WAY**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE **D**
NAME **FRIEDLAND, BRETT**
STREET ADDRESS **21019 NE 38 AVE**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

3/4/04 305-935-7544

Date

Daytime Phone #