

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093697 ✓

1. Entity Name
AREA ENTERPRISES, Inc.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90066 014 ***150.00

Principal Place of Business
~~3250 mary st.~~
~~#400~~
~~miami, fl 33133~~

Mailing Address
~~3250 mary st.~~
~~#400~~
~~miami, fl 33133~~

2. Principal Place of Business
1900 Sunset Dr.

3. Mailing Address
1900 Sunset Dr

Suite, Apt. #, etc.
#912

Suite, Apt. #, etc.
#912

City & State
miami beach, fl

City & State
miami beach, fl

Zip
33139

Country
us

Zip
33139

Country
us

4. FEI Number
65-0794967

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

Corey E. Hoffman
3250 mary st.
#400
Miami, fl 33133

7. Name and Address of New Registered Agent

Name
Bruce Weil, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street

28 Floor

City
miami

FL

Zip Code
33131

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, type or printed name of registered agent, or if applicable, 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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
LALLEMAND, Phillipe
1900 Sunset Drive, #912
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D
KNIGHT, JEFFREY
3250 mary st, #400
miami, fl 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROTH, FREDERIC
3250 mary st, #400
miami, fl 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S/T

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philippe Lallemand, President

1/26/00, (305) -

Daytime Phone #

CR2E034 (9/99)