

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015086

1. Entity Name

LUXURY RESORTS INTERNATIONAL, INC.

Principal Place of Business  
2050 North Bay Road  
Miami Beach, FL 33140

Mailing Address  
2050 North Bay Road  
Miami Beach, FL 33140

2. Principal Place of Business  
C/O EXECUTIVE OFFICES

3. Mailing Address  
C/O EXECUTIVE OFFICES

Suite, Apt. #, etc.  
ONE FISHER ISLAND DRIVE

Suite, Apt. #, etc.  
ONE FISHER ISLAND DRIVE

City & State  
FISHER ISLAND, FLORIDA

City & State  
FISHER ISLAND, FLORIDA

Zip  
33109

Country  
U.S.A.

Zip  
33109

Country  
U.S.A.

4. FEI Number  
65-0829025

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

Valdes-Fauli Corporate Services, Inc.  
500 East Broward Blvd. Suite 1400  
Ft. Lauderdale, FL 33394

## 7. Name and Address of New Registered Agent

Name  
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
One S.E. 3rd Avenue

28th 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.

By American Information Services, Inc.

Angelica M. Calabrese  
Assistant Secretary

August 31, 2000

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its intangible filing requirement and elect to do so.

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELK, DANIEL	
STREET ADDRESS	2050 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 10

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL J. MELK	
STREET ADDRESS	5252 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL P. FIORENZA	
STREET ADDRESS	7951 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN MACADAM	
STREET ADDRESS	C/O EXECUTIVE OFFICES, ONE FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
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		

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL J. MELK, PRESIDENT AUGUST 31, 2000

TELEPHONE No.

(305) 538-0165

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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