

2001 UNIFORM BUSINESS REPORT (UBR)

158.75 0188089

DOCUMENT # P98000026410

1. Entity Name
MIAMI BEACH VACATION RESORTS PROPERTY MANAGEMENT

FILED
01 MAY 30 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1177 KANE CONCOURSE #201
BAY HARBOR FL 33154**

Mailing Address
**1177 KANE CONCOURSE #201
BAY HARBOR FL 33154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0838771**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAPLIN, MARTIN W
1177 KANE CONCOURSE
SUITE 201
BAY HARBOR FL 33154**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CVP** ☐ Delete
NAME **TAPLIN, MARTIN W**
STREET ADDRESS **1166 KANE CONCOURSE, STE 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **President / Director** ☒ Change ☐ Addition
NAME **Taplin, Martin W**
STREET ADDRESS **1177 Kane Concourse, Ste 201**
CITY-ST-ZIP **Bay Harbor, FL 33154**

TITLE **P** ☒ Delete
NAME **SIMAND, ARTHUR**
STREET ADDRESS **1177 KANE CONCOURSE, STE 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Sazant, Neil S.**
STREET ADDRESS **1177 Kane Concourse, Ste 201**
CITY-ST-ZIP **Bay Harbor, FL 33154**

TITLE **S-** ☐ Delete
NAME **SILVA, OSMILDA**
STREET ADDRESS **1177 KANE CONCOURSE, STE 201**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Silva, Osmilda**
STREET ADDRESS **1177 Kane Concourse, Ste 201**
CITY-ST-ZIP **Bay Harbor, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

200004439632--1
-06/25/01 01117--003
******467.50 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 307, 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

4/27/01 **305-865-5760**
Date Daytime Phone #

CR2E034 (10/00)