

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 035 ***150.00

DOCUMENT # *P98000028888*

1. Entity Name

Miami Sands, Inc.

DO NOT WRITE IN THIS SPACE

B0093378

2. Principal Place of Business

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite # 1245

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite # 1245

City & State

Miami, FL

Zip

33132

Country

USA

4. FEI Number

65-0828867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

O'Dowd, William H.

Street Address (P.O. Box Number is Not Acceptable)

1717 N. Bayshore Dr, Suite 1245

City

Miami

FL

Zip Code

33132

**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.

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) ☒

January 15 May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
S	O'Dowd, William H.	1717 N. Bayshore Dr. #1245	Miami, FL 33132
VT	Shane, Rick	3599 Cahuenga Boulevard West	Los Angeles CA 90068
PD	Kramer, Jon	3599 Cahuenga Boulevard West	Los Angeles CA 90068

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. O'Dowd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/02
Date

305-372-1001
Daytime Phone #

CR2E034B (12/01)