

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000003822**

1. Entity Name

The Sunny Isles Beach Entertainment Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3346 N.E. 168 th Street

3. Mailing Address

3346 N.E. 168th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, Fl.

City & State

North Miami Beach, Fl.

Zip

33160

Country

Zip

33160

Country

USA

4. FEI Number

65-0903138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marvin D. Michaels, Esq.

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

1010 SW 86th Court

City

Miami

FL

Zip Code

33144

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 Marvin D. Michaels, attorney for corporation

Aug. 29, 2002

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 1 - 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	P/D Domenico Figlia 3346 N.E. 168th Street North Miami, Beach, Fl. 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008703334 10/30/02--01095--006 **61.25
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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: Domenico Figlia Domenico Figlia

8-29-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)