

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90023 044 \*\*\*150.00

0488651

**DOCUMENT # P99000010282**

1. Entity Name

**SWIMLAND AT DOLPHIN, INC.**

Principal Place of Business

**3149 W HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

Mailing Address

**3149 W HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

2. Principal Place of Business

**11901 NW 12th**

3. Mailing Address

**3149 W. Hallandale Bch Blvd.**

Suite, Apt. #, etc.

**Unit # 212**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Hallandale, FL**

Zip

**33179**

Country

**DADE**

Zip

**33179**

Country

**Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

**65-1069272**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERKOWITZ, SHELLEY L ESQ.  
1860 NE 199TH STREET  
N. MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

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

TITLE	D	LABATON, MICHAEL	<input checked="" type="checkbox"/> Delete
NAME		1810 NE 193 STREET	
STREET ADDRESS		NORTH MIAMI BEACH FL 33179	
CITY-ST-ZIP			
TITLE	D	LABATON, SANDY	<input type="checkbox"/> Delete
NAME		20001 W. OAK HAVEN CIRCLE	
STREET ADDRESS		NORTH MIAMI BEACH FL 33179	
CITY-ST-ZIP			
TITLE	D	BERKOWITZ, SHELLEY L	<input type="checkbox"/> Delete
NAME		1860 NE 199 STREET	
STREET ADDRESS		NORTH MIAMI BEACH FL 33179	
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 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D/P	Sandy Labaton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2001 W. Oak Haven Circle	
STREET ADDRESS		N. Miami Beach, FL 33179	
CITY-ST-ZIP			
TITLE	D/P/S/T	Shelley Berkowitz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1860 NE 199 ST	
STREET ADDRESS		N. Miami Beach, FL 33179	
CITY-ST-ZIP			
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			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *Shelley Berkowitz VP (Shelley Berkowitz)* **4/23/01** **(54) 966-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)