

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 014 ***150.00

0251627

DOCUMENT # P99000026534

1. Entity Name
S/MIRAMAR LAND, INC.

Principal Place of Business
**6400 NORTH ANDREWS AVE.
 FT. LAUDERDALE FL 33309**

Mailing Address
**6400 NORTH ANDREWS AVE.
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business
300 SE 2nd Street

3. Mailing Address
300 SE 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0910030**

Applied For
 Not Applicable

Zip
33301

Country

Zip
33301

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUKE, BRYAN W
 6400 NORTH ANDREWS AVE.
 FT. LAUDERDALE FL 33309**

Name
Patricia Jones
 Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation
300 SE 2nd Street
 City
Ft. Lauderdale, FL FL Zip Code
33301

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 of principal or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Patricia Jones
 Patricia Jones

2/21/01

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 Delete
D
 NAME **STILES, TERRY W**
 STREET ADDRESS **6400 NORTH ANDREWS AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **DP**
 NAME **STILES, TERRY W**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VT**
 NAME **EAGON, DOUGLAS P**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VS**
 NAME **JONES, PATRICIA**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V**
 NAME **FERRERA, ROCCO**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V**
 NAME **STINE, JAMES W.**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V**
 NAME **O'SHEA, DENNIS F.**
 STREET ADDRESS **300 SE 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Jones
 Patricia Jones

2/21/01
 Date

(954) 627-9300
 Daytime Phone #

CR2E034 (10/00)

Attachment

835386

UNIFORM BUSINESS REPORT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

#9900026534

TITLE:	V	Addition
NAME:	PALMER, STEPHEN R.	
STREET ADDRESS:	300 SE 2 nd St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	