

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000026534**

1. Entity Name

S/MIRAMAR LAND, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 014 ***150.00

0251627

Principal Place of Business

Mailing Address

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



DO NOT WRITE IN THIS SPACE

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**6. Name and Address of Current Registered Agent****DUKE, BRYAN W
6400 NORTH ANDREWS AVE.
FT. LAUDERDALE FL 33309****7. Name and Address of New Registered Agent**

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 agent or 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **STILES, TERRY W**
STREET ADDRESS **6400 NORTH ANDREWS AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☒ Change ☐ Addition
NAME **STILES, TERRY W**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**TITLE **VT** ☐ Change ☒ Addition
NAME **EAGON, DOUGLAS P**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**TITLE **VS** ☐ Change ☒ Addition
NAME **JONES, PATRICIA**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**TITLE **V** ☐ Change ☒ Addition
NAME **FERRERA, ROCCO**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**TITLE **V** ☐ Change ☒ Addition
NAME **STINE, JAMES W.**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**TITLE **V** ☐ Change ☒ Addition
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

Date

2/21/01 (954) 627-9300
Daytime Phone #

CR2E034 (10/00)

Attachment

835386

UNIFORM BUSINESS REPORT

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

#P99000026534

TITLE:

V

Addition

NAME:

PALMER, STEPHEN R.

STREET ADDRESS:

300 SE 2nd St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301