

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90094 008 \*\*\*150.00

**DOCUMENT # P99000060436**

1. Entity Name  
**MARINA AT MARINA BAY, INC.**

Principal Place of Business      Mailing Address  
 13651 N.W. 4TH STREET      13651 N.W. 4TH STREET  
 PEMBROKE PINES FL 33028      PEMBROKE PINES FL 33028

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      65-0931623      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANTZMAN, JEFF**  
**9700 S.W. 145 STREET**  
**MIAMI FL 33177**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      PT      ☐ Delete  
 NAME      JANLIN, JACK  
 STREET ADDRESS      501 CASUARINO CONCOURSE  
 CITY-ST-ZIP      CORAL GABLES FL 33143

TITLE      ☐ Change      ☐ Addition  
 NAME      *JANLIN, JACK*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      VS      ☐ Delete  
 NAME      FRANTZMAN, JEFF  
 STREET ADDRESS      9700 SW 148 ST  
 CITY-ST-ZIP      MIAMI FL 33176

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01      954 791 7600  
 Date      Daytime Phone #

CR2E034 (10/00)