

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000060825**1. Entity Name
PENINSULA AT AVENTURA, INC.**Principal Place of Business**1717 NORTH BAYSHORE DRIVE
SUITE 2700
MIAMI FL
33132**Mailing Address**1717 NORTH BAYSHORE DRIVE
SUITE 2700
MIAMI FL
331322. Principal Place of Business
555 N.E. 15TH STREET3. Mailing Address
555 N.E. 15TH STREETSuite, Apt. #, etc.
SUITE 213Suite, Apt. #, etc.
SUITE 213City & State
MIAMI FLCity & State
MIAMI FLZip
33132

Country

Zip
33132

Country

4. FEI Number
65-0952103

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWOLFE LEON JESQ.
NATIONSBANK TOWER AT INTERNATIONAL PLACE
100 SOUTHEAST SECOND STREET SUITE 3500
MIAMI FL
33132130 US**7. Name and Address of New Registered Agent**Name
REGISTERED AGENTS OF FLORIDA, L.L.C.
Street Address (P.O. Box Number is Not Acceptable)
INTERNATIONAL PLACE
100 SOUTHEAST SECOND STREET SUITE 3500
City
MIAMI FL Zip Code
33132130

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 **LEON J. WOLFE****04/27/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	Delete
NAME	PITTS OTIS JR.	<input type="checkbox"/>
STREET ADDRESS	1717 NORTH BAYSHORE DRIVE SUITE 2700	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Change	Addition
NAME	PITTS OTIS JR.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	555 N.E. 15TH STREET, SUITE 213		
CITY-ST-ZIP	MIAMI FL 33132		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: OTIS.PITTS, JR.

P/D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)