

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90247 024 ***150.00

DOCUMENT # P99000062371

1. Entity Name

925 PARK PLACE, INC.

Principal Place of Business

**8055 N.W. 77TH CT., STE. 5
MEDLEY FL 33166**

Mailing Address

**8055 N.W. 77TH CT., STE. 5
MEDLEY FL 33166**

2. Principal Place of Business

19501 BISCAYNE Blvd.

3. Mailing Address

2315 NW 107 AV.

Suite, Apt. #, etc.

SPACE # 1659 A

Suite, Apt. #, etc.

BOX 111

City & State

AVENTURA FLORIDA

City & State

MIAMI FLORIDA

Zip

33180

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0953898

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

TANEY, DAVID J**8055 N.W. 77TH CT., STE. 5
MEDLEY FL 33166**

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 **P** ☐ DeleteNAME **FALIC, SIMON**
STREET ADDRESS **8055 NW 77TH CT**
CITY-ST-ZIP **MIAMI FL 33166**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ AdditionNAME **FALIC, SIMON**
STREET ADDRESS **2315 NW 107 AV, STE. B17**
CITY-ST-ZIP **MIAMI FLORIDA 33172**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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

1/29/01
Date**(305) 716-7440**
Daytime Phone #

CR2E034 (10/00)