

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065929

1. Entity Name

AIG HALLANDALE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90002 026 ***163.75

Principal Place of Business Mailing Address
1920 EAST HALLANDALE BEACH BLVD. SUITE 801 1920 EAST HALLANDALE BEACH BLVD. SUITE 801
HALLANDALE FL 33309 HALLANDALE FL 33009-4726

2. Principal Place of Business 3. Mailing Address
1920 E. Hallandale Beach Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 801

City & State City & State
Hallandale, FL

Zip Country Zip Country
33009 USA

4. FEI Number Applied For
65-0936484 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

VALINSKY, JAY L
100 NE 3RD AVENUE, SUITE 610
FT LAUDERDALE FL 33301

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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	<input type="checkbox"/> Delete	TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Lev Parnas
STREET ADDRESS		STREET ADDRESS	1920 E. Hallandale Beach Blvd.Ste801
CITY-ST-ZIP		CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Robert M. Grinberg
STREET ADDRESS		STREET ADDRESS	1920 E.Hallandale Beach Blvd.Ste801
CITY-ST-ZIP		CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date Daytime Phone #

4/28/00 754-456-5858

CR2E034 (9/99)