Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 21, 2001 8:00 am DOCUMENT # P99000093535 **Secretary of State** AVENTURA LAND HOLDING II, INC. 03-21-2001 90055 042 \*\*\*150.00 Principal Place of Business Mailing Address 321 E. HILLSBORO BLVD 2021 TYLER STREET DEERFIELD BEACH FL 33441 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0978370 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, REUBEN M Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET HOLLYWOOD FL 33020 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entitle SIGNATURE Signature. stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition TITLE ☐ Delete TITLE ☐ Change STREET, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 321 E. HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Addition TITLE TITLE Change SCHOCKER, JEFFREY I NAME STREET ADDRESS STREET ADDRESS 321 E. HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Delete TITLE TITLE James Cohen NAME NAME 321 E. HillsboroBh STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP d does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this findicated on this report or supplemental separate true changed, or on an attachment with a ner like empowered.