## FILED Jun 06, 2002 8:00 am Secretary of State

2002 UNIFOR	IM BUSINESS REPORT (UBR)
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NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D LEVY, MICHAEL 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33133  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL STREET ADDRESS CITY-ST-ZIP	1. Entity Nar	IMENT # P990( A AT POINCIANA RECREATI	00099055 ON, INC.					2002 9008:			
Sulfe, Apt #, etc.  Sulfe, Apt #, etc.  City & State  Country  S. Certificate of Status Desired  9. Reme and Address of Current Registatered Agent  7. Name and Address of Now Registatered Agent  7. Name and Address of Now Registatered Agent  Name  Stretol Address (P.O. Box Number is Not Acceptable)  Stretol Address (P	201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134		PO BOX 026000 MIAMI FL 33102								
City & State  City & State  City & State  Country  Country  S. Certificate of Status Degrind  Ref Applicable  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  KIERKIRAN, JUANITA I  201 ALHAMBRA CIRCLE  12TH FLOOR  CORAL GARLES FL 33134  City  FL  Zip Code  Tax liting requirement and decis to do so.  Mater May 1, 2002 Fee will be \$550.00  Mater May 1, 2002 Fee will be \$550.00  Mater May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Tax liting requirement and decis to do so.  Mater May 1, 2002 Fee will be \$550.00  Address (P.O. Box Number is Not Acceptable)  To his corporation is eligible to satisfy its intangible Tax liting requirement and decis to do so.  Mater May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  That Flund Contribution.  The State of Florids.  The Control of ormal and decis to do so.  Mater May 1, 2002 Fee will be \$550.00  Address Check Rayable to Department of State  That Intig requirement and decis to do so.  Mater May 1, 2002 Fee will be \$550.00  Address Check Rayable to Department of State  That Flund Contribution.  STRET ACCESS  TO STRET ACCESS  CONSTRUCT STRET A	Principal Place of Business     3. Mailing Address										
Country   Zip   Country   S. Certificate of Status Desired   Mol Appicable   Se. 75 Additional Period Requised   Sec. 76 Additional Period Requised   Sec. 76 Additional Period Requised Regulational Period Regulational Regulations   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc. Suite, Apt. #, e						DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  N	City & Sta	te	City & State		4.	FEI Number <b>65-097158</b> 6	 }	<del></del>			
KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134  B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  2.  2.  3.  3.  3.  3.  3.  3.  3.  3	Zip	Country	Zip	Count	ıy	5.	Certificate of Status Desired		8.75 Ad	ditional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New F		•		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signature	201 ALH/	AMBRA CIRCLE		· — ·		ess (P.O. E	Box Number is Not Acceptable	8)	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE  Speature, typod or printed neme of registered agent and site if applicable. (INCITE Registered Agent signature required when reinstating)  P. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. (See criteria on back)  Defected May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.  Defected Name  Trust Fund Contribution.  Defected Name  STRET ADDRESS  CITY-ST-2P  CORAL GABLES FL 33134  CITY-ST-2	CORAL G	ABLES FL 33134			City		+-	FL	Zip Cod	le	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE D LEVY, MICHAEL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CORAL GABLES FL 33134  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CORAL GABLES FL 33134  TITLE NAME NAME  CORAL GABLES FL 33134  TITLE NAME  CORAL GABLES	9. This corporate Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	!! FEE I	S \$150.00 vill be \$550.0	)O	10. Election Campaign Fir	nancing			
NAME STREET ADDRESS CITY-ST-ZIP TITLE PO CORAL GABLES FL 33134  TITLE PO COHEN, HAROLD STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE UEVY, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE V CORAL GABLES FL 33133  TITLE STREET ADDRESS CITY-ST-ZIP TITLE V CORAL GABLES FL 33134  TITLE UEVY, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE V CORNERS, JOHN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition		1				AD	DITIONS/CHANGES TO OFF				
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TITLE NAME	NAME STREET ADDRESS	COHEN, HAROLD 201 ALHAMBRA CIRCLE 12TH FI		NAME STREE	I ADDRESS			C	] Change	☐ Addition	
TITLE VT Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VS Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VS Delete TITLE NAME NAME KERRIGAN, JUANITA I Delete TITLE NAME	NAME STREET AUDRESS	D LEVY, MICHAEL 201 ALHAMBRA CIRCLE 12TH FL		NAME_ Street					] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134  ITILE VS CHARLES L STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME KERRIGAN, JUANITA I  NAME NAME	TITLE NAME STREET ADDRESS	V CORNERS, JOHN 201 ALHAMBRA CIRCLE 12TH FL		ITTLE NAME STREET	ADDRESS		-	Ε	] Change	☐ Addition	
NAME KERRIGAN, JUANITA I NAME	NAME STREET AODRESS	VT MCNAIRY, CHARLES L 201 ALHAMBRA CIRCLE 12TH FL		NAME STREET	- 1			C	] Change	Addition	
CITY-ST-ZIP CORAL GABLES FL 33134 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 eath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP	KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134	00R	NAME STREET CITY-S	T-ZIP				•		