

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 OCT -7 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008307370--0
-10/10/02--01053--018
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 504/24
1. Entity Name
CABANA, INC.

DO NOT WRITE IN THIS SPACE

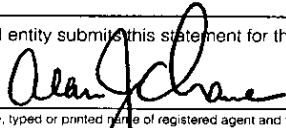
2. Principal Place of Business 3700 Galt Ocean Drive Suite, Apt. #, etc. Suite 508 City & State Fort Lauderdale, Florida Zip 33308 Country USA		3. Mailing Address 3700 Galt Ocean Dr. Suite, Apt. #, etc. Suite 508 City & State Ft. Lauderdale, Florida Zip 33308 Country USA	
---	--	--	--

4. FEI Number 65-0221485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ALAN J. CHANE % HALTON	
Street Address (P.O. Box Number is Not Acceptable) 3700 Galt Ocean Drive Suite 508	
City Ft. Lauderdale,	FL Zip Code 33308

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  09-23-02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP P MARVIN CHANE 3700 GALT OCEAN DR, SUITE 508 FORT LAUDERDALE, FL. 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P.S.T ALAN CHANE 3700 GALT OCEAN DR, SUITE 508 FT LAUD, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

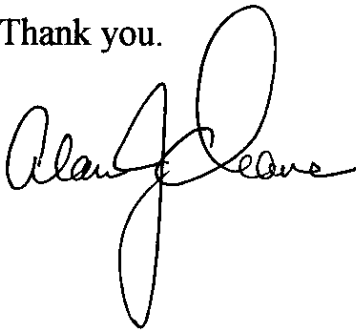
09-23-02 9545654460
Date Daytime Phone #

October 4, 2002

To: Florida Department of State
From: Cabana, Inc.
Corporate General Partner for Bahia Cabana, Ltd.
Alan J. Chane, Vice-President

Per our phone conversation, enclosed please find our Uniform Business Report and a check for One Hundred Fifty Dollars (\$150.00). We never received our report. We ask that you reinstate us without penalty.

Thank you.

A handwritten signature in cursive script, appearing to read "Alan J. Chane". The signature is written in dark ink and is positioned below the "Thank you." text.