2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 04, 2001 8:00 am Secretary of State **DOCUMENT # \$71116** 1. Entity Name MIAMI BEACH OCEANFRONT PROPERTIES, INC. 05-04-2001 90025 024 ***150.00 Principal Place of Business Mailing Address 601 BRICKELL KEY DRIVE 601 BRICKELL KEY DRIVE MIAMI FL 33131 MIAMI FL 33131 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0278225 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE LA PENA, VILLANUEVA LLP Street Address (P.O. Box Number is NovAcceptable) **601 BRICKELL KEY DRIVE** SUITE 705 **MIAMI FL 33131** 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 alandas red agent and title if FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition D TITLE Change Delete TITLE CASTILLO, ADDY NAME NAME STREET ADDRESS STREET ADDRESS 7255 NO. OAKMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Change ☐ Addition □ Delete TITLE TITLE **GOMEZ, LORENA** NAME NAME 7255 NO. OAKMONT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** Change ☐ Addition TITLE ☐ Delete TITLE BAJANDAS, RICARDO NAME NAME STREET ADDRESS **601 BRICKELL KEY DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 ☐ Addition Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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.