

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12057

1. Entity Name

VAN DYKE MIAMI BEACH, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90191 040 ***158.75

Principal Place of Business

1641 JEFFERSON AVE
MIAMI BCH FL 33139
US

Mailing Address

1641 JEFFERSON AVE
800 OCEAN DR
MIAMI BEACH FL 33139-5811
US

2. Principal Place of Business

3. Mailing Address

1641 Jefferson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami Beach FL

Zip

Country

Zip
33139

Country

USA

4. FEI Number

65-0312839

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASDIN, NEISEN O ESQ.
1428 BRICKELL AVE. 6TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

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. ☐
(See criteria on back)

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

TITLE PT ☐ Delete
NAME SOYKA, MARK
STREET ADDRESS 800 OCEAN DR.
CITY-ST-ZIP MIAMI BCH FL

TITLE VPS ☐ Delete
NAME DAVIS, JEFFREY R
STREET ADDRESS 1500 BAY RD
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☒ Change ☐ Addition
NAME Davis, Jeffrey R
STREET ADDRESS 2901 Florida Ave
CITY-ST-ZIP Miami, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Jeff Davis 2/2/00

Date

(305)774-6397

Daytime Phone #

CR2E034 (9/99)