

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12057

1. Entity Name
VAN DYKE MIAMI BEACH, INC.

Principal Place of Business Mailing Address
1641 JEFFERSON AVE 1641 JEFFERSON AVE
MIAMI BCH FL 33139 MIAMI BCH FL 33139
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME SOYKA, MARK ☐ Delete
STREET ADDRESS 800 OCEAN DR.
CITY-ST-ZIP MIAMI BCH FL

TITLE VPS ☒ Delete
NAME DAVIS, JEFFREY R
STREET ADDRESS 2901 FLORIDA AVE
CITY-ST-ZIP MIAMI FL 33133

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 P/T/O/D/S ☒ Change ☐ Addition
NAME SOYKA MARK
STREET ADDRESS 5582 NE 4 CT, Unit #6
CITY-ST-ZIP Miami, FL 33137

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

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

TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE: MARK SOYKA 8/2/01 (305)444-7588
Signature and Typed or Printed Name of Signing Officer or Director Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90116 023 ***558.75



DO NOT WRITE IN THIS SPACE

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