

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000060553

**Entity Name:** 3310 FONTAINEBLEAU II, INC.

**Current Principal Place of Business:**

9418 COLLINS AVENUE  
MIAMI BEACH, FL 33154

**FILED**  
**Jun 07, 2022**  
**Secretary of State**  
**4239675764CC**

**Current Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114 US

**FEI Number:** 20-2816419

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	MURRAY, JACQUES G
Address	11 RUE DU THEATRE
City-State-Zip:	MONTREUX 1820
Title	DIRECTOR, VP
Name	MURRAY , JEAN- JACQUES
Address	11 AVENUE DE LA PRINCESSE GRACE APT 12
City-State-Zip:	MONACO 98000
Title	D
Name	MIGNOLET, XAVIER
Address	INDUSTRIALAAN 36
City-State-Zip:	GROOT-BIJGAARDEN BE 1702

Title	D
Name	LEON, MARIE CLAIRE
Address	1017 NORTH BEVERLY DRIVE
City-State-Zip:	BEVERLY HILLS CA 90210
Title	S
Name	SIMMONDS, JOEL
Address	9418 COLLINS AVENUE
City-State-Zip:	SURFSIDE FL 33154
Title	D
Name	MURRAY, JEAN PIERRE
Address	1017 NORTH BEVERLY DRIVE
City-State-Zip:	BEVERLY HILLS CA 90210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIE CLAIRE LEON

D

06/07/2022

Electronic Signature of Signing Officer/Director Detail

Date