

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 228686

1. Entity Name
FLORIDA SONESTA CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90013 046 ***150.00

Principal Place of Business 200 CLARENDON STREET 41ST FLOOR BOSTON MA 02116	Mailing Address 200 CLARENDON STREET 41ST FLOOR BOSTON MA 02116-5021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1286077	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input type="checkbox"/> Delete
NAME	VAN RIEL, BOY A.J.	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SONNABEND, PETER	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SONNABEND, STEPHEN	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DC	<input type="checkbox"/> Delete
NAME	SONNABEND, ROGER	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAKOUSKAS, DAVID A.	
STREET ADDRESS	200 CLARENDON STREET 41ST FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	V	<input type="checkbox"/> Delete
NAME	MADERA, FELIX	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONNABEND, ALAN M.	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: PETER J. SONNABEND Date: 2/3/00 Daytime Phone #: (017) 421-5400

CR2E034 (9/99)