FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90448 039 ***150.00

FLORIDA	SONESTA	CORPORATION	\/	'	100
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228686

DOCUMENT #

1. Entity Name

FLORIDA SUNESTA CORPORATION							
DC	NOT WRITE	IN THIS S	PACE		1	10017	84
2 Principal Place of		3. Mailing Address					
116 Huntington Avenue, 116 Hunting		on Avenue		DO NOT WRITE IN THIS SPACE			
Sülte, Apt. #, etc. Sulte, Apt. #, etc. Floor 9				DO NOT WHITE	. IFV TI NO OF A	10L	
City & State			4.		4. FEI Number		Applied For
Boston, 1		Boston, MA	Country		59-1286077	<u> </u>	Not Applicable
Zip 02116	Country	Zip 02116	Country	5. Ce	ertificate of Status Desired		3.75 Additional e Required
SKI (17. SKI CLEVI)	g mer den fransk fan 1865.		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	_7. Nan	e and Address of Current R	egistered A	gent
			Name				
April - Hot albei Sa Karang Palansi Sa	-DO NOT W	RIL	Street Addr	ess (P.O. Bo	x Number is Not Acceptable)		
	IN THIS SP	ACE					
							Zip Code
			City			FL	Zip Code
8. The above name	ed entity submits this statement for	The purpose of changing i	s registered office or reg	gistered age	nt, or both, in the State of Flori	da. I am fam	iliar with, and accept
tue obligations c	of registered agent.						
SIGNATURE							
	ure, typed or printed name of registered agent a y 1 - May 1 Fee is \$150.00)	and tisle if applicable. (MC	TE: Registered Agent signature re	equired when rein	sialing)	DATE	
Afte Am	r May 1, Fee is \$550.00 hended UBR is \$61.25 able to Florida Department of	State			Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees
10.	OFFICERS AND			eriët het high			AL CORESOR MAR
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12. 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 of pushed empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter J. Sonnabend, VP & Sec. 4/18/03
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date