


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

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

04-21-2003 90448 039 \*\*\*150.00

**DOCUMENT #** 228686  
1. Entity Name  
**FLORIDA SONESTA CORPORATION**



**DO NOT WRITE IN THIS SPACE**

**11001784**

2. Principal Place of Business <b>116 Huntington Avenue,</b> Suite, Apt. #, etc. <b>Floor 9</b> City & State <b>Boston, MA</b> Zip <b>02116</b> Country		3. Mailing Address <b>116 Huntington Avenue</b> Suite, Apt. #, etc. <b>Floor 9</b> City & State <b>Boston, MA</b> Zip <b>02116</b> Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1286077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>Boy A.J. Van Riel</b> <b>116 Huntington Avenue, Floor 9</b> <b>Boston, MA 02116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>Peter J. Sonnabend</b> <b>116 Huntington Avenue, Floor 9</b> <b>Boston, MA 02116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Stephen Sonnabend</b> <b>350 Ocean Drive</b> <b>Key Biscayne, Florida 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>Roger P. Sonnabend</b> <b>116 Huntington Avenue, Floor 9</b> <b>Boston, MA 02116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>David A. Rakouskas</b> <b>116 Huntington Avenue, Floor 9</b> <b>Boston, MA 02116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Felix Madera</b> <b>350 Ocean Drive</b> <b>Key Biscayne, FL 33149</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Peter J. Sonnabend, VP & Sec.** **4/18/03** **(617) 421-5450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)