

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71063

1. Entity Name

BARCELO HOSPITALITY USA, INC.

Principal Place of Business

150 S.E. 2 AVE.
SUITE 806
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

2121 P Street NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Washington DC

Zip

Country

Zip

Country

20037 US

4. FEI Number

59-2347051

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
STE 3000
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CD BARCELO VADELL, SIMON P. ROBERT MOTTA 22 PALMA DE MALLORCA, SP.	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARCELO TOUS, SIMON ROBERT MOTTA 22 PALMA DE MALLORCA SP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARCELO, MARIA A. ROBERT MOTTA 22 PALMA DE MALLORCA, SP.	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARCELO TOUS, ANTONIA ROBERT MOTTA 22 PALMA D MALLORCA SP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, CHARLES 2121 P STREET N.W. WASHINGTON DC 20037	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Assistant Secretary
Timothy Metarko
2121 P Street N.W.
WASHINGTON, D.C. 20037

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (202) 956-6620
Date Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90010 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)