

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90173 036 ***150.00

0578602 AT

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

**2121 P STREET NW
WASHINGTON DC 20037
US**

2. Principal Place of Business

2121 P Street NW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Washington, D.C.

City & State

Zip

20037

Country

US

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2002 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

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	AS METARKE, TIMOTHY 2121 P STREET NW WASHINGTON DC 20037	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

3/13/02 (202) 956-6620
Date Daytime Phone #

CR2E034 (9/01)