

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000984**

1. Entity Name
NK HOTEL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:34
mf 3/22/00

Principal Place of Business: **NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI FL 33132-2306**

Mailing Address: **NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI FL 33132-2306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **c/o Miller & Webner, PA**

3. Mailing Address: **c/o Miller & Webner, PA**

Suite, Apt. #, etc.: **2442 Poinciana Court**

Suite, Apt. #, etc.: **P.O. Box 266947**

City & State: **Weston, FL**

City & State: **Weston, FL**

4. FEI Number: **65-0741062**

Applied For: Not Applicable

Zip: **33327** Country: **USA**

Zip: **33326-6947** Country: **USA**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, REBECCA M
NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI FL 33132-2306**

Name: **Rebecca M. Miller**

Street Address (P.O. Box Number is Not Acceptable): **c/o Miller & Webner, P.A.
2442 Poinciana Court**

City: **Weston** State: **FL** Zip Code: **33327**

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: *Rebecca M. Miller* DATE: **3/3/00**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: **MGR** Delete

NAME: **KRAUSE, NICOLA**

STREET ADDRESS: **100 N BISCAYNE BLVD 21ST FLOOR**

CITY - ST - ZIP: **MIAMI FL 33132-2306**

Change Addition

TITLE: **MGR**

NAME: **KRAUSE, NICOLA**

STREET ADDRESS: **1677 Collins Avenue**

CITY - ST - ZIP: **Miami Beach, FL 33139**

TITLE: **MGR** Delete

NAME: **KRAUSE, HANS-JOACHIM**

STREET ADDRESS: **100 N BISCAYNE BLVD 21ST FLOOR**

CITY - ST - ZIP: **MIAMI FL 33132-2306**

Change Addition

TITLE: **MGR**

NAME: **KRAUSE, HANS-JOACHIM**

STREET ADDRESS: **1677 Collins Avenue**

CITY - ST - ZIP: **Miami Beach, FL 33139**

TITLE: Delete

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

Change Addition

TITLE: Change Addition

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

TITLE: Delete

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

Change Addition

TITLE: Change Addition

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

TITLE: Delete

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

Change Addition

TITLE: Change Addition

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

TITLE: Delete

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

Change Addition

TITLE: Change Addition

NAME: **300003188803--3**

STREET ADDRESS: **03/29/00-01068-018**

CITY - ST - ZIP: *******50.00 *****50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Nicola Krause* **SIGNATURE REQUIRED**

3/4 /00 (954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: **Nicola Krause, Manager**

Date: _____ Daytime Phone #: _____

CORPORATE REPORT