

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89039

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 039 ***150.00

1. Entity Name **DI LIDO BEACH HOTEL CORPORATION**

Principal Place of Business: **155 Lincoln Rd, Miami Beach FL 33139**

Mailing Address: **155 Lincoln Rd, Miami Beach FL 33139-2001**

00083412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2901 Collins Ave.**

3. Mailing Address: **P.O. Box 19-1380**

Suite, Apt. #, etc.

City & State: **Miami Beach FL**

City & State: **Miami Beach FL**

Zip: **33140** Country: **USA** Zip: **33119-1380** Country: **USA**

4. FEI Number: **59-1348115**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Lazar Bruce
Lazar and Assoc
2901 Collins Ave Suite M
Miami Beach FL 33140

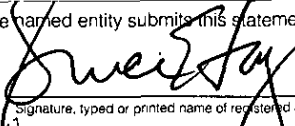
7. Name and Address of New Registered Agent

Name: **Lazar, Bruce E.**

Street Address (P.O. Box Number is Not Acceptable): **2901 Collins Ave.**

City: **Miami Beach** FL Zip Code: **33140**

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:  **Bruce E. Lazar** DATE: **8/29/00**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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: PD	<input type="checkbox"/> Delete	TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Lowenstein Alfredo		NAME: Lowenstein Alfredo	
STREET ADDRESS: 155 Lincoln RD		STREET ADDRESS: 2901 Collins Ave	
CITY-ST-ZIP: Miami Beach FL		CITY-ST-ZIP: Miami Beach FL 33140	
TITLE: VPD	<input type="checkbox"/> Delete	TITLE: VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Cooney John W		NAME: Cooney John W	
STREET ADDRESS: 169 Lincoln Rd #318		STREET ADDRESS: 2901 Collins Ave	
CITY-ST-ZIP: Miami Beach FL		CITY-ST-ZIP: Miami Beach FL 33140	
TITLE: AS	<input type="checkbox"/> Delete	TITLE: AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Judith Mathia		NAME: Mathia Judith	
STREET ADDRESS: 169 Lincoln Rd		STREET ADDRESS: 2901 Collins Ave	
CITY-ST-ZIP: Miami Beach FL		CITY-ST-ZIP: Miami Beach FL 33140	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Lazar Bruce E		NAME: Lazar Bruce E	
STREET ADDRESS: 2901 Collins Ave Suite M		STREET ADDRESS: 2901 Collins Ave	
CITY-ST-ZIP: Miami Beach FL		CITY-ST-ZIP: Miami Beach, FL 33140	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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:  **Bruce E. Lazar** DATE: **8/29/00** 305 535-8118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



Attachment
DH#M89039
DW83412

July 12, 2000

Florida Department of State
Attn: Uniform Business Report
409 East Gaines Street (UBR)
Tallahassee, FL 32399

Re: Di Lido Beach Hotel Corp. - Document # M89039

Dear Sir or Madam,

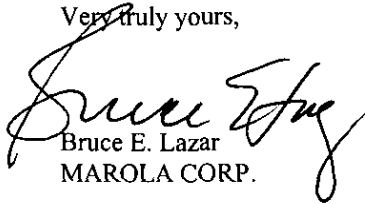
Our records show all checks payable to the Department of State (check #1752 through check #1762, dated April 13, 2000) for Annual Filing Fees are outstanding. All ten reports were mailed to you on April 13 in one envelope. The envelope has not been returned to us, and yesterday, we were told they have not been received by your department.

We have today stopped payment on the checks issued April 13, and attached you will find our replacement check, copies of the Annual Filing, our original check and checkbook register for the subject corporation which is part of our corporation, Lionstone Group, Inc.

Please consider these extraordinary circumstances, and waive late fee.

If you require anything further, please do not hesitate to let us know.

Very truly yours,


Bruce E. Lazar
MAROLA CORP.

MAILING ADDRESS:
P.O. Box 402568
Miami Beach, FL 33140
United States of America

OFFICE:
2901 Collins Avenue
Miami Beach, FL 33140
Tel: (305) 532-1215
Fax: (305) 532-0223

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
DU083412

DOCUMENT # M89039

1. Entity Name

DI LIDO BEACH HOTEL CORPORATION

Principal Place of Business

Mailing Address

155 LINCOLN RD
MIAMI BEACH FL 33139

155 LINCOLN RD
MIAMI BEACH FL 33139-2001

2. Principal Place of Business

2901 Collins Ave.

3. Mailing Address

P.O. Box 19-1380

Suite, Apt. #, etc.

c/o Seville Beach Hotel

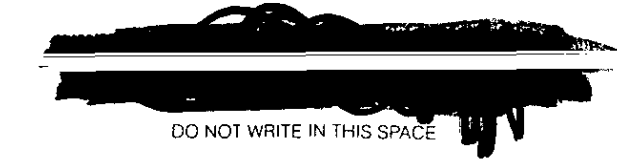
Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1348115

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33119-1380

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE
LAZAR AND ASSOC
2901 COLLINS AVE SUITE M
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
Lazar, Bruce E.
Street Address (P.O. Box Number is Not Acceptable)
2901 Collins Ave.

City **Miami Beach** FL Zip Code **33140**

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 *Bruce E. Lazar*

Bruce E. Lazar

4/13/00

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

(NOTE: Registered Agent's signature is required when a change is made.)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Finance Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, ALFREDO	
STREET ADDRESS	155 LINCOLN RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COONEY JOHN W	
STREET ADDRESS	169 LINCOLN RD #318	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JUDITH MATHIA	
STREET ADDRESS	169 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAZAR, BRUCE E	
STREET ADDRESS	2901 COLLINS AVE SUITE M	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition
NAME	Lowenstein, Alfredo	
STREET ADDRESS	2901 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VPD	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition
NAME	Cooney, John	
STREET ADDRESS	2901 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	AS	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition
NAME	Mathia, Judith	
STREET ADDRESS	2901 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	VPSD	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition
NAME	Lazar, Bruce E.	
STREET ADDRESS	2901 Collins Ave.	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> New <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sections 110.07(2)(a) and 110.07(2)(b) of the 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 and sworn to by me as a director of the corporation or the agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that there are no amendments to this report, stock list changed, or on an attachment with an address, and all other like information.

SIGNATURE: *Bruce E. Lazar VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 305335-8118