

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91788 034 ***150.00

02/238 AV

DOCUMENT # P97000100546

1. Entity Name
PADC HOSPITALITY CORPORATION II



Principal Place of Business
**100 S.E. 2ND STREET
SUITE 4650
MIAMI FL 33131**

Mailing Address
**100 S.E. 2ND STREET
SUITE 4650
MIAMI FL 33131**

2. Principal Place of Business
550 BILTMORE WAY

3. Mailing Address
550 BILTMORE WAY

Suite, Apt. #, etc.
SUITE 970

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip Country
33134 MIAMI-DADE

Zip Country
33134 MIAMI-DADE

4. FEI Number **65-0809005**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT-CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D PEEBLES, R D 550 BILTMORE WAY 100 S.E. 2ND STREET, STE. 4650 SUITE 970 MIAMI-FL 33131 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MATLOF, RICHARD 550 BILTMORE WAY 100 S.E. 2ND STREET, STE. 4650 SUITE 970 MIAMI-FL 33131 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOHLER, MICHELLE 550 BILTMORE WAY 100 S.E. 2ND STREET, STE. 4650 SUITE 970 MIAMI-FL 33131 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (10/02)

ATTACHMENT

80110767
P97000100546

Peebles Atlantic Development Corporation

550 Biltmore Way

Suite 970

Coral Gables, Fl 33134

Paid to the order of:

Florida Department of State

Division of Corporations

P. O. Box 1500

Tallahassee, Fl 32302-1500

Entity Name	FEI Number	Fee	Check Number
PADC Hospitality Corporation II	65-0809005	\$ 150.00	5675
Total Amount		\$ 150.00	