

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L97000000473**

1. Entity Name  
KSK HOTEL, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>100 N. DISCAYNE BLVD.</del> 21ST FLOOR NEW WORLD TOWER MIAMI FL 33132	Mailing Address <del>100 N. DISCAYNE BLVD.</del> <del>21ST FLOOR NEW WORLD TOWER</del> <del>MIAMI FL 33132-2304</del>
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2. Principal Place of Business c/o Miller & Webner, PA Suite, Apt. #, etc. 2442 Poinciana Court	3. Mailing Address c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947
City & State Weston, FL	City & State Weston, FL

4. FEI Number 65-0842268	Applied For <input type="checkbox"/> Not Applicable
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Zip 33327	Country USA	Zip 33326-6947	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLER, REBECCA M  
100 N. DISCAYNE BLVD.  
21ST FLOOR, NEW WORLD TOWER  
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name  
Rebecca M. Miller

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

City  
Weston 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

**BLT**

9. MANAGING MEMBERS / MEMBERS

TITLE MEM NAME JANZON, KATJA STREET ADDRESS 100 N. DISCAYNE BLVD., 21ST FLOOR CITY - ST - ZIP MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE MEM NAME KRAUSE, HANS-JOACHIM STREET ADDRESS 100 N. DISCAYNE BLVD., 21ST FLOOR CITY - ST - ZIP MIAMI FL 33132-2306	<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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1677 Collins Avenue Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1677 Collins Avenue Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800003184302 -03/27/00--01011--019 *****50.00 *****50.00	<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

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: Katja Janzon DATE: 3/4/00 (954) 385-9030

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Katja Janzon, Manager

Date Daytime Phone #

CR2E083 (9/99)