

# 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

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>
---	--



DO NOT WRITE IN THIS SPACE

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 <b>65-0842268</b>	Applied For <input type="checkbox"/> Not Applicable
----------------------------	----------------------------	------------------------------------	--

Zip 33327	Country USA	Zip 33326-6947	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
--------------	----------------	-------------------	----------------	--

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* 3/3/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**BLT**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEM MGR JANZON, KATJA</b> <del>100 N. DISCAYNE BLVD., 21ST FLOOR</del> <del>MIAMI FL 33132</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEM KRAUSE, HANS-JOACHIM</b> <del>100 N. DISCAYNE BLVD., 21ST FLOOR</del> <del>MIAMI FL 33132-2306</del>	<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
<b>1677 Collins Avenue</b> <b>Miami Beach, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1677 Collins Avenue</b> <b>Miami Beach, FL 33139</b>	
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

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* **REQUIRED** 3/4/00 (954) 385-9030  
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #  
**Katja Janzon, Manager**

11-00001

CR2E083 (9/99)