

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90108 001 ***150.00
05-14-2002 90108 002 *****8.75

DOCUMENT # P01000113473
1. Entity Name
FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.

Principal Place of Business Mailing Address
701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 **701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1677 Collins Avenue**
Suite, Apt. #, etc. 3. Mailing Address **% Miller & Webner, P.A.**
Suite, Apt. #, etc. **P.O. Box 266947**

City & State **Miami Beach, FL** City & State **Weston, FL**

4. FEI Number **65-0760731** Applied For
Not Applicable

Zip **33139** Country Zip **33326** Country

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

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **Rebecca M. Miller**
Street Address (P.O. Box Number is Not Acceptable) **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* **Rebecca M. Miller** **04/20/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Hans-Joachim Krause	NAME	
STREET ADDRESS	3025 Collins Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Ursula M. Krause	NAME	
STREET ADDRESS	3025 Collins Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Nicola Meyer	NAME	
STREET ADDRESS	3025 Collins Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Katja Janzon	NAME	
STREET ADDRESS	3025 Collins Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33140	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	
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: *Hans-Joachim Krause* **Hans-Joachim Krause** **4/23/02** **(954) 385-9030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)