

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000059

1. Entity Name

PLAYA DEL SOL, LTD.

FILED

02 MAY -2 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

404 WASHINGTON STREET, SUITE 120  
MIAMI BEACH FL 33139  
US

Mailing Address

404 WASHINGTON STREET, SUITE 120  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0373061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, BRIAN A

C/O THOMSON MURARO RAZOOK & HART, P.A.

ONE S.E. 3RD AVENUE 17TH FLOOR

MIAMI FL 33131

Name HART, BRIAN A

Street Address (P.O. Box Number is Not Acceptable)  
ADORNO & ZEDER

2601 S. Bayshore Drive, 16th Floor

City Miami

FL

Zip Code  
33133

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$8,008,901.99

10. Amount of Capital Contributions  
in FLORIDA to date.

1,580,404.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000007415  
NAME PDS OVERSEAS, INC.  
STREET ADDRESS 404 WASHINGTON STREET, SUITE 120  
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee appointed to receive and administer the assets required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02 305 532 2519

Date

Daytime Phone #

CR2E003 (9/01)