

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90144 032 \*\*\*150.00

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**DOCUMENT # P01000113473**

1. Entity Name  
**FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.**



Principal Place of Business  
**1677 COLLINS AVENUE  
MIAMI BEACH FL 33139**

Mailing Address  
**C/O MILLER & WEBNER, P.A.  
P.O. BOX 266947  
WESTON FL 33326**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **65-0760731**

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

**MILLER, REBECCA M  
2442 POINCIANA COURT  
WESTON FL 33327**

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) 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	<b>D</b> <b>KRAUSE, HANS-JOACHIM</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAUSE, URSULA M</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYER, NICOLA</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANZON, KATJA</b> <b>3025 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>	<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	<b>D</b> <b>Krause, Ursula</b> <b>3025 Collins Avenue</b> <b>Miami Beach, FL 33140</b>	<input checked="" 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:** SIG. M.A.K.E. REQUIRED **Hans-Joachim Krause** 3/31/03 (954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

attachment

70048042

#PD100013473

**MILLER & WEBNER, P.A.**

Attorneys At Law

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Broward Office:

2442 Poinciana Ct.

Weston, Florida 33327

**Rebecca M. Miller, Esq.**

**April 25, 2002**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.

Ladies and Gentlemen:

Enclosed is the 2003 Uniform Business Report for the captioned corporation along with a check in the amount of \$150.00 payable to the Florida Department of State representing the annual filing fee for FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.

If you have any questions or need any further information, please call me at (954) 385-9030.

Very truly yours,



Rebecca M. Miller

Enclosures