

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0219283 AV

DOCUMENT # P97000107563

1. Entity Name
SAWGRASS HOTEL, INC.



04-28-2003 90951 030 ***150.00

Principal Place of Business
**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

Mailing Address
**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**



2. Principal Place of Business
848 BRICKELL AVE

3. Mailing Address
848 BRICKELL AVE

Suite, Apt. #, etc.
PENTHOUSE I

Suite, Apt. #, etc.
PENTHOUSE I

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0826791

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, PA
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MUNOZ, GONZALO**
STREET ADDRESS **848 BRICKELL AVE, STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **COURET, J**
STREET ADDRESS **848 BRICKELL AVE, STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARDID, JOSE**
STREET ADDRESS **848 BRICKELL AVE STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ARDID, INIGO**
STREET ADDRESS **848 BRICKELL AVE STE 1000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Delete
NAME **ARDID DIEGO**
STREET ADDRESS **848 BRICKELL AVE PENTHOUSE I**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03

(305) 377-1001

CR2E034 (10/02)