

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002229

**Entity Name:** BOCA CENTER HOTEL OPERATOR, INC.**Current Principal Place of Business:**50 ROCKEFELLER PLAZA  
2ND FLOOR  
NEW YORK, NY 10020**Current Mailing Address:**50 ROCKEFELLER PLAZA  
2ND FLOOR  
NEW YORK, NY 10020 US**FEI Number:** 38-3929507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	MEDZIGIAN, MICHAEL
Address	50 ROCKEFELLER PLAZA 2ND FLOOR
City-State-Zip:	NEW YORK NY 10020

Title	DIRECTOR
Name	ZINSMASER, SAM
Address	50 ROCKEFELLER PLAZA 2ND FLOOR
City-State-Zip:	NEW YORK NY 10020

Title	SECRETARY
Name	HYDE, SUSAN C
Address	50 ROCKEFELLER PLAZA 2ND FLOOR
City-State-Zip:	NEW YORK NY 10020

Title	DIRECTOR
Name	MURILLO, GIL
Address	50 ROCKEFELLER PLAZA 2ND FLOOR
City-State-Zip:	NEW YORK NY 10020

Title	ASST SECRETARY
Name	GERSTEN, ROBIN
Address	50 ROCKEFELLER PLAZA 2ND FLOOR
City-State-Zip:	NEW YORK NY 10020

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBIN GERSTEN

ASST SECRETARY

01/30/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date