

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90129 045 ***150.00

DOCUMENT # 820280

1. Entity Name

SHERATON MIAMI CORPORATION

Principal Place of Business

777 WESTCHESTER AVE
WHITE PLAINS NY 10604
US

Mailing Address

2231 E. CAMELBACK RD
STE 400
PHOENIX AZ 85016-3435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1168133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

911956



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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, 2000 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

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KLEISNER, FRED | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | ROZELLS, MARK | |
| STREET ADDRESS | 2231 E CAMELBACK RD- STE 400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | LATHAM, JAMES | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | MORROW, PETER | |
| STREET ADDRESS | 2231 E CAMELBACK RD- STE 400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | HUGHES, DAVID | |
| STREET ADDRESS | 2231 E CAMELBACK RD- STE 400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | AT | <input checked="" type="checkbox"/> Delete |
| NAME | ALPERT, PETER | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Theodore W. Darnall | |
| STREET ADDRESS | 777 Westchester Ave | |
| CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Thomas C. Janson, Jr. | |
| STREET ADDRESS | 777 Westchester Ave. | |
| CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Alan M. Schnaid | |
| STREET ADDRESS | 2231 E. Camelback Rd. #400 | |
| CITY-ST-ZIP | Phoenix, AZ 85016 | |
| TITLE | VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ronald C. Brown | |
| STREET ADDRESS | 777 Westchester Ave. | |
| CITY-ST-ZIP | White Plains, NY 10604 | |

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:

Peter Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 602/852-3900