

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 59-1168133

1. Entity Name

SHERATON MIAMI CORPORATION

Principal Place of Business Mailing Address
 111 WESTCHESTER AVENUE 2231 E. CAMELBACK RD
 WHITE PLAINS, NY 10604 STE. 400
 PHOENIX, AZ 85016

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	THEODORE W. DARNALL	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY - ST - ZIP	WHITE PLAINS, NY 10604	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	PETER MORROW	
STREET ADDRESS	2231 E. CAMELBACK RD. , STE. 400	
CITY - ST - ZIP	PHOENIX, AZ 85016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KENNETH S. SIEGEL	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY - ST - ZIP	WHITE PLAINS, NY 10604	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RONALD C. BROWN	
STREET ADDRESS	2231 E. CAMELBACK RD. , STE 400	
CITY - ST - ZIP	PHOENIX, AZ 85016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800005556908	
STREET ADDRESS	-05/17/02--01031--019	
CITY - ST - ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 PETER MORROW 4-26-02 (602) 852-3900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

02 MAY -1 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)