

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000059**

1. Entity Name

PLAYA DEL SOL, LTD.

Principal Place of Business

**404 WASHINGTON STREET, SUITE 120
MIAMI BEACH FL 33139
US**

Mailing Address

**404 WASHINGTON STREET, SUITE 120
MIAMI BEACH FL 33139-6651
US**

FILED

00 MAY -1 PM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0373061

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THREATT, ROBERT R

**404 WASHINGTON STREET, SUITE 120
MIAMI BEACH FL 33139**

Name

Brian A Hart

Street Address (P.O. Box Number is Not Acceptable)

c/o Thomson Muraro Razook & Hart, P.A.

One SE 3rd Avenue 17th Floor

City

Miami

FL

Zip Code
33131

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

B A Hart

Brian A. Hart

4/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

3,000,000.00
\$8,008,901.99

10. Amount of Capital Contributions
in FLORIDA to date.

\$8,008,901.99

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000007415**
NAME **PDS OVERSEAS, INC.**
STREET ADDRESS **404 WASHINGTON STREET, SUITE 120**
CITY - ST - ZIP **MIAMI BEACH FL 33139**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

BY: PDS OVERSEAS, INC. GEN PART.

SIGNATURE:

Michael Bernstein **MICHAEL BERNSTEIN, VP 4-27-2000 305 532 2519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2F001 (3/98)