

Address		
City/State/Zip	Phone #	

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. HOTEL SENPAR, (Corporation Name)	(Document #)	
(Corporation Name) 2.		2000044847026 -07/18/0101071012 ******35.00 ******35.00
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Change of Registe Dissolution/Witho	rawal E 3 7/2
OTHER FILINGS	REGISTRATION/QI	JALIFICATION S
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	JALIFICATION FILERIDA
		Examiner's Initials

CR2E031(7/97)

20

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pi the undersigned co	-				8, Florida Statutes,	
_	ing statement in		-		d agent, or both, in	
1. The name of the	corporation:	Hotel Ger	npar, Ltd.			
2. The mailing add	lress of the corpo	oration: 2121	SW 3rd Ave.,	Suite 800,	Miami, FL 33129	
3. Date of incorpo	oration/qualificat	ion: June 22,	1999 Doc	ument number:	∄ 99000001008	
4. The name and a	ddress of the cur	rent registered age	ent and office:			
_	Harry F	riedman				
_	1221 Br	ickell Ave.	<u></u>			
		FL 33131				
5. The name and a	ddress of the nev	w registered agent (P. O. Box No		d/or registered o	ffice (if changed):	
	Rodolfo	Pita			• • •	
	2121 SW	3rd Ave., Su	ite 800	<u> </u>	-	
	Miami, 1	FL 33129			TASE S	
agent as changed.	~with be identica	11.			ice of its registered	
Such change was authorized by the	authorized by re board.	solution duly ado	pted by its boar	rd of directors or	r by an officer so	Y.
	= 17h				y 16, 2001 = 1	
(Signature of a	an officer, chairman o	r vice chairman of the l	ooard)	(D	Pate)	
Ernesto Poma	, President (Printed or typed n	ame and title)		-	> >	
Having been nam corporation, I her I further agree to performance of m registered agent. If signing on behalf of	ed as registered reby accept the accept the accept the comply with the cy duties, and I a	agent and to accomposition and to accomposition and the provisions of all maniliar with a	ept service of p gistered agent of statutes relativ nd accept the o	rocess for the al and agree to act e to the proper of bligation of my 07/13/20 (Pate)		
				70-11-15-N		
(T <u>y</u>	ped or Printed Name)	-		(Capacity)		
		* * * FILING F	EE: \$35.00 * *	*		

CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314