

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000005211

1. Entity Name

Eden Roc Acquisition, Inc.

FILED

02 JAN 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6905 Rockledge Dr., Ste 600

Suite, Apt. #, etc.

3. Mailing Address

6905 Rockledge Dr., Ste 600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bethesda, MD

City & State

Bethesda, MD

4. FEI Number

52-2263241

Applied For

Not Applicable

Zip

20817

Country

Zip

20817

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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

Cornelia B. ...

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

(NOTE: Registered Agent signature required when reinstating)

1-16-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P/T/D	Ronald J. Kravit	450 Park Avenue, 28th Floor	New York, NY 10022
V/S/D	Jeffrey B. Citrin	450 Park Avenue, 28th Floor	New York, NY 10022
Independent Director	Mark A. Ferrucci	1209 Orange Street	Wilmington, DE 19801

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald J. Kravit

Date

1/14/02

(212) 891-2100

Deputy Secretary

OR0304B (12/01)

78