

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90164 044 ***150.00

DOCUMENT # F01000002906

1. Entity Name
10775 CARIBBEAN BOULEVARD HOTEL CORP.



Principal Place of Business
**C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669**

Mailing Address
**C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669**



2. Principal Place of Business
575 WASHINGTON BLVD, 21FL

3. Mailing Address
575 WASHINGTON BLVD., 21FL.

Suite, Apt. #, etc.
21FLOOR

Suite, Apt. #, etc.
21FLOOR

☐ CHECK HERE IF MAKING CHANGES

City & State
JERSEY CITY, NEW JERSEY

City & State
JERSEY CITY, NEW JERSEY

4. FEI Number **13-4175103**

Applied For
☐ Not Applicable

Zip **07310**

Country
USA

Zip **07310**

Country
USA

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

**C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCDONAGH, JOHN P
380 MADISON AVE., 9TH FLOOR
NEW YORK NY 10004-1669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCDONAGH, JOHN P
270 PARK AVE., 20 FLOOR
NEW YORK, NEW YORK 0017** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARRINGTON, JOSEPH S SR.
380 MADISON AVE., 9TH FLOOR
NEW YORK NY 10004-1669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V D
HARRINGTON, JOSEPH S JR
270 PARK AVE., 20TH FLOOR
NEW YORK, NEW YORK 10017** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SANDERS, CURTIS O
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOSEPH, MARIE Y
575 WASHINGTON BLVD., 21 FLOOR
JERSEY CITY, NEW JERSEY 07310** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAMPBELL, KENTON A
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAMPBELL, KENTON A
575 WASHINGTON BLVD., 21FLOOR
NEW JERSEY, JERSEY CITY 07310** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OGLE, DOUGLAS T
575 WASHINGTON BLVD., 21FLOOR
JERSEY CITY, NEW JERSEY 07310** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenton A. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03

Date

201-575-6870

Daytime Phone #

CR2E034 (10/02)