

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90023 015 ***550.00

0145019 AB

DOCUMENT # F01000002907

1. Entity Name
990 HOMESTEAD BOULEVARD HOTEL CORP.



Principal Place of Business
**C/O J.P. MORGAN CHASE
270 PARK AVENUE.20FL
NEW YORK NY 10017**

Mailing Address
**C/O JPMORGAN CHASE
575 WASHINGTON BLVD.21FL
JERSEY CITY NJ 07310-1680**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4190003**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Applied For
Not Applicable

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCDONAGH, JOHN P	
STREET ADDRESS	270 PARK AVENUE.20FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRINGTON, JOSEPH S SR.	
STREET ADDRESS	270 PARK AVENUE 20FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPH, MARIE Y	
STREET ADDRESS	575 WASHINGTON BLVD,21FL	
CITY-ST-ZIP	NEW YORK NY 07310-1680	
TITLE	V	<input type="checkbox"/> Delete
NAME	OGLE, DOUGLAS T	
STREET ADDRESS	575 WASHINGTON BLVD,21FL	
CITY-ST-ZIP	NEW YORK NY 07310-1680	
TITLE	V	<input type="checkbox"/> Delete
NAME	KERESEVIC, MICHAEL S	
STREET ADDRESS	575 WASHINGTON BLVD,21FL	
CITY-ST-ZIP	NEW YORK NY 07310-1680	
TITLE	Y	<input type="checkbox"/> Delete
NAME	CAMPBELL, KENTON	
STREET ADDRESS	575 WASHINGTON BLVD,21FL	
CITY-ST-ZIP	NEW YORK NY 07310-1680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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	

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 *Kenton A. Campbell* Date: 07/11/03 Daytime Phone #: 201-595-6870

CFR2E034 (4/03)