


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # F95000000250**

1. Entity Name  
**RAFAEL HOTELS LIMITED USA CORPORATION**



**FILED**  
03 FEB 14 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1775 BROAD WAY, STE. 310  
NEW YORK NY 10019**

Mailing Address  
**1775 BROAD WAY, STE. 310  
NEW YORK NY 10019**

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

3. Mailing Address (USA) Inc.  
**345 California Street  
Ste. 1250**  
Suite, Apt. #, etc.  
City & State  
Zip

*c/o Mandarin Oriental Management*

*[Handwritten Signature]*



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORPORATE ACCESS INC.  
238 E. 6TH AVENUE  
TALLAHASSEE FL 32303**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP HULTNER, WOLFGANG K 345 CALIFORNIA STREET, STE. 1250 SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, SHERRY 345 CALIFORNIA STREET, STE. 1250 SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOKE, KIT C 101 SECOND STREET, STE. 1800 SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, JOHN R 281 GLOUCESTER ROAD, 7TH FL CAUSEWAY BAY, HONG KONG	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800013267458 02/28/03--01015--027 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE REQUIRED** Kit Choy Loke, Secretary 2/1/03 (415) 369-7110  
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)