

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F95000001256

1. Entity Name

COCONUT GROVE PT HOTEL CORPORATION

Principal Place of Business

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900

Mailing Address

C/O CSC
1201 HAYS ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME WIEDERECHT, DAVID W
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904-7900 ☐ Delete

TITLE VSD
NAME STRONE, MICHAEL J
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904-7900 ☐ Delete

TITLE VT
NAME LEVANTI, STEPHEN J
STREET ADDRESS 3003 SUMMER ST.
CITY-ST-ZIP STAMFORD CT 06904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

SIGNATURE:

Blount **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2001

Date

203.326.2300

Daytime Phone #

FILED

01 JUL 24 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1419025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CP2E034 (5/01)

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CSC
1201 HAYS STREET
TALLAHASSEE, FL 32301

CONTACT: Deborah Schroder, 521-0821, Ext. 1118

ACCOUNT #: 072100000032

REF#: 232502-5

AUTHORIZATION:

COST LIMIT: \$550.00 Patricia Pizuto

ORDER DATE: 7-24-01

RECEIVED
01 JUL 24 AM 11:25
DIVISION OF CORPORATION

ENTITY NAME: Coconut Grove PT Hotel Corporation

_____ DOMESTIC FILING _____ FOREIGN FILING _____

----- ARTICLES OF INCORPORATION

☒ ANNUAL REPORT

----- CERTIFICATE OF LIMITED PARTNERSHIP

_____ REINSTATEMENT

----- QUALIFICATION

_____ MERGER

----- CERTIFICATE OF LLC

_____ DISSOLUTION

----- ARTICLES OF AMENDMENT

PLEASE RETURN

☒ STAMPED COPY

----- CERTIFIED COPY

----- CERTIFICATE OF GOOD STANDING