

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000001256**

1. Entity Name
COCONUT GROVE PT HOTEL CORPORATION

FILED

02 MAR 21 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900**

Mailing Address
**C/O CSC
1201 HAYS ST
TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 06-1419025		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYES ST. TALLAHASSEE FL 32301		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDERECHT, DAVID W	NAME	
STREET ADDRESS	3003 SUMMER ST.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904-7900	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL J	NAME	
STREET ADDRESS	3003 SUMMER ST.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904-7900	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVANTI, STEPHEN J	NAME	
STREET ADDRESS	3003 SUMMER ST.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06904	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *David W. Wiederecht* **3/19/02** **203-326-2482**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



222

ACCOUNT NO. : 072100000032

REFERENCE : 484093 8630A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : March 20, 2002

ORDER TIME : 10:44 AM

ORDER NO. : 484093-015

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gept
Ge Investment Co. (real Estate
Registered Agent Department
2711 Centreville Rd
Wilmington, DE 19808

RECEIVED
02 MAR 21 AM 11:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: COCONUT GROVE PT HOTEL
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____