

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90847 046 ***150.00

DOCUMENT # F99000005867

1. Entity Name

ROUGE 3 HOSPITALITY LEASING, INC.



Principal Place of Business

14651 DALLAS PARKWAY

STE. 500

DALLAS TX 75240

Mailing Address

14651 DALLAS PARKWAY

STE. 500

DALLAS TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

75254

75254

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

C/O CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD.

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	PD	<input type="checkbox"/> Delete
NAME	MALJEAN, JEAN F	
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CROZIER, BARRY A	
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> Delete
NAME	PROTOKOWICZ, DANIEL	
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNER, EILEEN T	
STREET ADDRESS	300 DELAWARE AVENUE, SUITE 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, BENJAMIN	
STREET ADDRESS	33 AVE DU MAINE	
CITY-ST-ZIP	PARIS, CEDEX FRANCE 15 75755	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	POIROT, OLIVIER	
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10167	

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		
CITY-ST-ZIP		
TITLE	V.P.T.	<input checked="" 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		
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:

Signature of Barry A. Crozier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/03

302-427-5983

CR2E034 (10/02)