

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90129 002 \*\*\*150.00

**DOCUMENT # G71063**

1. Entity Name  
**BARCELO HOSPITALITY USA, INC.**



Principal Place of Business  
~~212 P STREET NW~~  
~~WASHINGTON DC 20007~~

Mailing Address  
~~2121 P STREET NW~~  
~~WASHINGTON DC 20007~~  
~~60~~



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8405 Greensboro Drive**  
Suite, Apt. #, etc.  
**500**

3. Mailing Address  
**8405 Greensboro Drive**  
Suite, Apt. #, etc.  
**500**

City & State  
**McLean, VA**

City & State  
**McLean, VA**

4. FEI Number **59-2347051**

Applied For  
☐ Not Applicable

Zip Country  
**22102 USA**

Zip Country  
**22102 USA**

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

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

~~INTRASTATE REGISTERED AGENT CORPORATION~~  
~~701 BRICKELL AVE.~~  
~~STE 3000~~  
~~MIAMI FL 33131~~

**7. Name and Address of New Registered Agent**

Name  
**The Prentice-Hall Corporation Systems, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
City  
**Tallahassee** **FL** Zip Code  
**32301**

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 *Tracy M.J. Colden* **Tracy M.J. Colden, VPS**  
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**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>BARCELO VADELL, SIMON P.<br>ROBERT MOTTA 22<br>PALMA DE MALLORCA, SP. <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>BARCELO TOUS, SIMON<br>ROBERT MOTTA 22<br>PALMA DE MALLORCA SP <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BARCELO, MARIA A.<br>ROBERT MOTTA 22<br>PALMA DE MALLORCA, SP. <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BARCELO TOUS, ANTONIA<br>ROBERT MOTTA 22<br>PALMA D MALLORCA SP <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCOTT, CHARLES<br>2121 P STREET N.W.<br>WASHINGTON DC 20037 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>METARKO, TIMOTHY<br>2121 P STREET NW<br>WASHINGTON DC 20037 <input checked="" type="checkbox"/> Delete     |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>James L. Francis<br>8405 Greensboro Drive, Suite 500<br>McLean, VA 22102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>Tracy M.J. Colden<br>8405 Greensboro Drive, Suite 500<br>McLean, VA 22102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>Elizabeth R. Lieberman<br>8405 Greensboro Drive, Suite 500<br>McLean, VA 22102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Cristofor Guillem Henn Macdonald<br>Empresas Barcelo, Calle Rover Motta 27<br>Palma de Mallorca, Baleares 07006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Bruce D. Wardinski<br>8405 Greensboro Drive, Suite 500<br>McLean, VA 22102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>W. Reeder Glass<br>Holland & Knight, 1201 W. Peachtree St, NE<br>Atlanta, GA 30309 <input type="checkbox"/> Change <input checked="" 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: *Tracy M.J. Colden* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date *2/24/03* Daytime Phone #

CR2E034 (10/02)