## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # G81938 SONESTA HOTELS OF FLORIDA, INC. 02-01-2001 90174 012 \*\*\*150.00 Principal Place of Business Mailing Address 200 CLARENDON STREET 200 CLARENDON STREET 41ST FLOOR 41ST FLOOR REPRESEN **BOSTON MA 02116** BOSTON MA 02116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2808740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **VTD** ☐ Delete TITLE ☐ Change ☐ Addition NAME VAN RIEL, BOY A.J. NAME STREET ADDRESS 200 CLARENDON ST. 41ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02116** TITLE VSD ☐ Delete ☐ Change ☐ Addition NAME SONNABEND, PETER NAME STREET ADDRESS 200 CLARENDON ST. 41ST FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOSTON MA 02116 TITLE CPD ~ / ☐ Delete TITLE ☐ Change Addition NAME SONNABEND, ROGER NAME STREET ADDRESS 200 CLARENDON ST. 41ST FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOSTON MA 02116 TITLE ☐ Delete Change Addition NAME RAKOUSKAS, DAVID A. NAME STREET ADDRESS 200 CLARENDON ST. 41ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02116 ☐ Delete TITLE ☐ Change Addition NAME NAME Salah Carana Salah Salah STREET ADDRESS STREET ADDRESS LIVAT - MICROSON ON WILL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS A TLAND LA FARE NOW DO / TOD BOLL

13. I hereby certify that the information supplied with this filling 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 his 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 drippowered.

CITY-ST-ZIP

SIGNATURE: \_

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