

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91152 025 ***150.00

DOCUMENT # K90974
1. Entity Name
MALIBU HOTEL, INC.

Principal Place of Business
2936 SW 37 CT.
MIAMI FL 33134
US
Mailing Address
XIOMARA LEE
3100 S. DADELAND BLVD., SUITE 704
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Miami, FL
3. Mailing Address
2380 S.W. 20 CT
Suite, Apt. #, etc.
City & State
Miami, FL
Zip
33155
Country

4. FEI Number 65-0130981
Applied For
Not Applied
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FLORES, ANGEL
2936 SW 37TH CT.
MIAMI FL 33134

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: Gisela Sanchez Medina
DATE: 04/17/01

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

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS. Includes entry for PD SANCHEZ-MEDINA, GISELA with handwritten address: 251 Celedon Blvd, Miami FL 33149.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes checkboxes for Change and Add.

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, changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: Gisela Sanchez Medina
SIGNATURE, INK TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #