2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K97000** Jun 07, 2000 8:00 am Secretary of State 1. Entity Name MALVERN HOTELS OF FLORIDA, INC. 04-21-2000 90138 016 ****50.00 Principal Place of Business 06-07-2000 90434 037 ***108.75 Mailing Address 6/Q RITZ PLAZA HOTEL CYO-RITZ PLAZA-HOTEL 1701 CODEHNS AVE. 1701 COLLINS AVE. MIAM BEACH FL 33139 MIAM BEACH FE 98139-2006 2. Principal Place of Business 3. Mailing Address 900 SULSET HARBOUR DE 1900 SUNSET HARBOURDE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #4 City & State City & State Applied For 4. FEI Number 65-0127410 MIAMI FACH. Not Applicable 11AM \$8.75 Additional 5. Certificate of Status Desired 33139 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONTRERAS CONTRERAS, IGNACIO Street Address (P.O. Box Number is Not Acceptable) 1701 COLLINS AVE. SUNSE+ MIAMI-BEACH FL 33139... Zip Code 33/39 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE ent and title if applicable. (NOTE: Registered Agent signature required when roinstalling) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE CONTRERAS, IGNACIO 1900 SUNGEY HARBOUR DR. #4 NAME CONTRERAS, IGNACIO NAME 1781 COLLINS AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-7IF CITY-ST-7IP BEACH, FL 33139 ۷P Change ☐ Addition TITLE ☐ Delete TITLE CONTRERAS, GABRIELA CONTRERAS, GABRIELA NAME NAME 1900 SUNSET HARBOUR DR. #4 1701-GOLLINS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL Delete LLERANDI, ADA LLEBRANDT, ADA NAME 1900 SUNSET HARBOUR DR. #4 1764_COLLINS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH-FL CITY-ST-ZIP BEACH, FL 33139 ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE □ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70 ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·ST-ZIP

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 true length 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 repeiver or frustree 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Daytime Phone #