

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90059 035 \*\*\*158.75

**DOCUMENT # K97000**

1. Entity Name

**MALVERN HOTELS OF FLORIDA, INC.**

Principal Place of Business

1900 SUNSET HARBUR DRIVE

# 4

MIAMI BEACH FL 33139

Mailing Address

1900 SUNSET HARBUR DRIVE

# 4

MIAMI BEACH FL 33139

2. Principal Place of Business

1900 SUNSET HARBOUR DR.

3. Mailing Address

1900 SUNSET HARBOUR DR.

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

# 4

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH

Zip

33139

Country

U.S.A.

Zip

FL 33139

Country

U.S.A.

4. FEI Number

65-0127410

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTRERAS, IGNACIO  
 1900 SUNSET HARBOUR DR # 4  
 MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 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 \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	CONTRERAS, IGNACIO	
STREET ADDRESS	1701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CONTRERAS, GABRIELA	
STREET ADDRESS	1701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LLEBRANDT, ADA	
STREET ADDRESS	1701 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, IGNACIO	
STREET ADDRESS	1900 SUNSET HARBOUR DR. #4	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, GABRIELA	
STREET ADDRESS	1900 SUNSET HARBOUR DR. #4	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLERANDI, ADA	
STREET ADDRESS	1900 SUNSET HARBOUR DR. #4	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		

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 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

ADA E. LLERANDI - SECRETARY

Date

1/18/01 305/672-2340

Daytime Phone #

CR2E034 (10/00)