

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90270 031 ****55.00

DOCUMENT # L01000013353

1. Entity Name

BOUTIQUE HOTELS & RESORTS INTERNATIONAL LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1210 WASHINGTON AVE

3. Mailing Address

1210 WASHINGTON AVE

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-1129872

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS INC.

Street Address (P.O. Box Number is Not Acceptable)

100 WEST AVE

STE 1114

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR.
MARTIN H. BUEHLER
16711 COLLINS AVE, APT 2503
SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MAX FRIEDLI
124 ST. MARY'S ST.
BOSTON, MA 02215

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOSEPH HILL
8 PARK PLAZA
BOSTON, MA 02216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ROBERTA GOLDEN-POULOS
41 PLEASANT
FRAMINGHAM, MA 01701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FIRST CAPITAL HOSPITALITY
FINANCIAL GROUP
1210 WASHINGTON AVE, #210
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 305-635-9850

Date

Daytime Phone #

CR2E083B (12/01)