

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90213 031 \*\*\*\*50.00

**DOCUMENT # L01000016242**

1. Entity Name

**HOTELS & CONDOS INTERNATIONAL DEVELOPMENTS, LC**

Principal Place of Business

**145 MADEIRA AVE.  
 SUITE 310  
 CORAL GABLES FL 33134**

Mailing Address

**145 MADEIRA AVE.  
 SUITE 310  
 CORAL GABLES FL 33134**

**966171**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVE.  
 SUITE 310  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **JOSE A RODRIGUEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 1270  
 150 Alhambra Circle**  
 City **Coral Gables** FL Zip Code **33134**

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 **4/29/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **DEFORTUNA, EDGARDO**  
 STREET ADDRESS **145 MADEIRA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGR** ☒ Delete  
 NAME **BARBAGALLO, MIGUEL A**  
 STREET ADDRESS **145 MADEIRA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGR** ☒ Delete  
 NAME **GARFUNKEL, RAFAEL**  
 STREET ADDRESS **145 MADEIRA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**

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

Date

Daytime Phone #

**EDGARDO DEFORTUNA 4/29/02 (305) 351-1000**

CR2E083 (9/01)