

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90564 033 \*\*\*\*50.00  
09-22-2003 90102 015 \*\*\*\*50.00

**DOCUMENT # L02000008413**

1. Entity Name

**HOSPITALITY RESERVATIONS, L.C.**



Principal Place of Business

**520 BRICKELL KEY DRIVE, SUITE 205  
MIAMI, FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE, SUITE 205  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**01-0683483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE CORDOBA, OTTO  
5900 S.W. 32ND STREET  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **DANIEL JACHTCHENCO**  
Street Address (P.O. Box Number is Not Acceptable)  
**520 BRICKELL KEY DR.**  
**SUITE 206**  
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. CURRENTLY LISTED MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **MARTHA DATER**  
STREET ADDRESS **615 BRICKELL KEY DR**  
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE **MANAGER** ☐ Delete  
NAME **DANIEL JACHTCHENCO**  
STREET ADDRESS **520 BRICKELL KEY DR**  
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Delete  
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CITY-ST-ZIP ☐ Delete

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

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

**9/15/03**

Date

**305-371-3658**

Daytime Phone #

CR2E083 (4/03)

0001240