

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L67484

1. Entity Name  
MARINA PARK HOTEL MANAGEMENT, INC.

Principal Place of Business

340 BISCAYNE BLVD.  
MIAMI FL 33132  
US

Mailing Address

245 PARK AVENUE  
NEW YORK NY 10167  
US

2. Principal Place of Business

14651 DALLAS PARKWAY  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
DALLAS TX  
Zip  
75254  
Country  
USA

3. Mailing Address

14651 DALLAS PARKWAY  
Suite, Apt. #, etc.  
SUITE 500  
City & State  
DALLAS TX  
Zip  
75254  
Country  
USA

4. FEI Number

22-3039780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name  
CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION

FL

Zip Code  
33324

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

*Connie Bryan*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

000004562600--9

-08/29/01-01885-025

\*\*\*\*550.00 \*\*\*\*550.00

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHODEY, JOHN F 245 PARK AVENUE NEW YORK NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERRY, DANIEL 245 PARK AVENUE NEW YORK NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELD, JEFFREY S 245 PARK AVENUE NEW YORK NY 10167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. (CON'T)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN COHEN 33 AVENUE DU MAINE 75155 PARIS CEDEX 15 FRANCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGES LE MENER 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN-FRANCOIS MALJEAN 245 PARK AVENUE NEW YORK, NY 10167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMANDE. SEBBAN 14651 DALLAS PARKWAY, SUITE 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVIER POIRY 245 PARK AVENUE NEW YORK, NY 10167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAN RABINOWITZ 14651 DALLAS PARKWAY, STE. 500 DALLAS, TX 75254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED

Date

Daytime Phone #

912.702.6961

0122128 AT

01 AUG 20 AM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

Pg 282

MARINA PARK HOTEL MANAGEMENT

(CON'T)

12

AS

ADDITION

ROGER REITH

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

T

ADDITION

STEPHEN E. MANTHEY

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

AT

ADDITION

KENT E. HOWERTON

14651 DALLAS PARKWAY, SUITE 500

DALLAS, TX 75254

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Marina Park Hotel Management, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement            |   |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

Name 8/20/01 Order#: 4736848  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

*gh*

RECEIVED  
 01 AUG 20 AM 11:24  
 DIVISION OF CORPORATION