


2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ny 4/19


DOCUMENT # L95000000711

1. Entity Name
HOTEL LEON, L.C.

Principal Place of Business
841 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address
841 COLLINS AVENUE
MIAMI BEACH FL 33139-5807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0626859

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

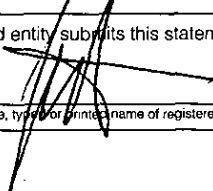
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GABRIEL, ERIC
1400 WEST AVE., #4
MIAMI BEACH FL 33139~~

Name
Street Address (P.O. Box Number is Not Acceptable)
841 COLLINS AVE
City miami beach FL Zip Code 33139

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)

3.31.00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME MGRM
STREET ADDRESS GABRIEL, ERIC
CITY-ST-ZIP 841 COLLINS AVE
MIAMI BEACH FL 33137

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME MEM
STREET ADDRESS RAFFELE, LORETTA
CITY-ST-ZIP 841 COLLINS AVE
MIAMI BEACH FL 33137

TITLE Change Addition
NAME
STREET ADDRESS 600003217486--8
CITY-ST-ZIP -04/20/00--01106--008
*****55.00 *****55.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR MANAGER

3.31.00

Date

Daytime Phone #

CR2E083 (9/99)