

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L95000000984**

1. Entity Name
NK HOTEL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:34
mf 3/22/00

Principal Place of Business NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132-2306	Mailing Address NEW WORLD TOWER 21ST FLOOR 100 N BISCAYNE BLVD MIAMI FL 33132-2306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Miller & Webner, PA Suite, Apt. #, etc. 2442 Poinciana Court City & State Weston, FL	3. Mailing Address c/o Miller & Webner, PA Suite, Apt. #, etc. P.O. Box 266947 City & State Weston, FL
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4. FEI Number 65-0741062	Applied For <input type="checkbox"/> Not Applicable
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Zip 33327	Country USA	Zip 33326-6947	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, REBECCA M
NEW WORLD TOWER 21ST FLOOR
100 N BISCAYNE BLVD
MIAMI FL 33132-2306**

Name Rebecca M. Miller
Street Address (P.O. Box Number is Not Acceptable) c/o Miller & Webner, P.A. 2442 Poinciana Court
City Weston
State FL
Zip Code 33327

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 *Rebecca M. Miller* 3/3/00
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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR	<input type="checkbox"/> Delete
NAME KRAUSE, NICOLA	
STREET ADDRESS 100 N BISCAYNE BLVD 21ST FLOOR	
CITY - ST - ZIP MIAMI FL 33132-2306	
TITLE MGR	<input type="checkbox"/> Delete
NAME KRAUSE, HANS-JOACHIM	
STREET ADDRESS 100 N BISCAYNE BLVD 21ST FLOOR	
CITY - ST - ZIP MIAMI FL 33132-2306	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1677 Collins Avenue	
CITY - ST - ZIP Miami Beach, FL 33139	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1677 Collins Avenue	
CITY - ST - ZIP Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicola Krause* **SIGNATURE REQUIRED** 3/4/00 (954) 385-9030
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

Nicola Krause, Manager

CR020001000001