

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001161

1. Entity Name
EUROPEAN HOTELS REPRESENTATIONS, L.C.

Principal Place of Business: 1200 EUCLID AVE. STE 207 MIAMI BEACH FL 33130
Mailing Address: 1200 EUCLID AVE. STE 207 MIAMI BEACH FL 33139-4450

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **65-0707310** Applied For: Not Applicable

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

FILED
00 JAN 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AGRAMUNT, LUIS
1221 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ (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	TITLE	0000031174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARANZANA, DAVID		NAME	-02/01/00--01025--003	
STREET ADDRESS	1200 EUCLID AVE., #207		STREET ADDRESS	*****50.00 *****50.00	
CITY-ST-ZIP	MIAMI BEACH FL 33130		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBLIN, BRIGITE		NAME		
STREET ADDRESS	1200 EUCLID AVE., #207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33130		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHI REPRESENTACIONES HOTELERAS INTERNACION		NAME		
STREET ADDRESS	1200 EUCLID AVE. STE 207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33130		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *DAVID MARANZANA* **REQUIRE** **DAVID MARANZANA** **11 JANUARY 2000** **305 5386189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #