

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001161

1. Entity Name

EUROPEAN HOTELS REPRESENTATIONS, L.C.

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0707310

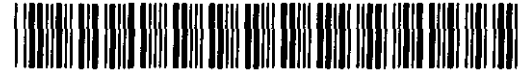
Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGRAMUNT, LUIS

1221 BRICKELL AVENUE, SUITE 1100
MIAMI FL 33131

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

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 ☐ Delete
NAME MARANZANA, DAVID
STREET ADDRESS 1200 EUCLID AVE., #207
CITY-ST-ZIP MIAMI BEACH FL 33130

TITLE ☐ Change ☐ Addition
NAME 0000031174
STREET ADDRESS -02/01/00--01025--003
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME ZUBLIN, BRIGITE
STREET ADDRESS 1200 EUCLID AVE., #207
CITY-ST-ZIP MIAMI BEACH FL 33130

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

TITLE MGR ☐ Delete
NAME RHI REPRESENTACIONES HOTELERAS INTERNACION
STREET ADDRESS 1200 EUCLID AVE. STE 207
CITY-ST-ZIP MIAMI BEACH FL 33130

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

DAVID MARANZANA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

11 JANUARY 2000

Date

305 5386189
Daytime Phone #