

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91597 026 ****50.00

DOCUMENT # L96000001161

1. Entity Name

European Hotels Representations, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 WEST AVENUE

3. Mailing Address
800 WEST AVENUE

Suite, Apt. #, etc.
SUITE 335

Suite, Apt. #, etc.
SUITE 335

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip

33139

Country
U.S.A.

Zip
33139

Country
U.S.A.

4. FEI Number 65-0707310

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **STEVEN A. EDELSTEIN**

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

1200 ANASTASIA AVENUE, SUITE 300

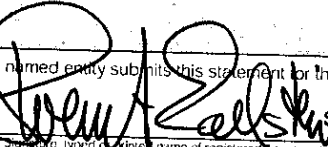
City **CORAL GABLES**

FL

Zip Code
33134-6364

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



STEVEN A. EDELSTEIN

May 21, 2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PALMADA, JUAN
1200 ANASTASIA AVE., SUITE 300
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARANZANA, DAVID
800 WEST AVENUE, SUITE 335
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
R.H.I. REPRESENTACIONES HOTELERAS INT. S.A.
CALLE 7, AVENIDAS 9 Y 11, NO. 927
SAN JOSE, COSTA RICA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SUERETH, FRANCESCA
800 WEST AVENUE, SUITE 335
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:  **JUAN PALMADA, MANAGING MEMBER**

MAY 21, 2002

305-538-9697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)