

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90316 047 ****50.00

DOCUMENT # L96000001161

1. Entity Name

EUROPEAN HOTELS REPRESENTATION, L.C.



Principal Place of Business

**800 WEST AVENUE SUITE 335
MIAMI FL 33139**

Mailing Address

**800 WEST AVENUE SUITE 335
MIAMI FL 33139**

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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE SUITE 300
CORAL GABLES FL 33134-6364**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGRM** ☐ 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 **800 WEST AVENUE STE 335**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 WEST AVENUE STE 335**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MEMBER**
STREET ADDRESS **GAETANO DI CIACCIO**
CITY-ST-ZIP **800 WEST AVENUE STE 335**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MEMBER**
STREET ADDRESS **ANDREA DI CIACCIO**
CITY-ST-ZIP **800 WEST AVENUE STE 335**

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:

Francesca Suere Th
Francesca Suere Th

Jan. 13, 2003

305-5389697

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

Date

Daytime Phone #

CR2E083 (10/02)