

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010775 AF

DOCUMENT # L97000000223

1. Entity Name

CARDEL HOTEL DEVELOPMENT, L.C.

Principal Place of Business

3255 NW 87TH AVENUE  
MIAMI FL 33172

Mailing Address

3255 NW 87TH AVENUE  
MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0732037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLADE, ROGER  
2 SOUTH BISCAYNE BOULEVARD, SUITE 2400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

DADE CORPORATE SERVICE

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

2300 CORAL WAY, SUITE 103

City

MIAMI

FL

Zip Code

331452

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

*Carlos J. Rodriguez*

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

TITLE MGR ☐ Delete  
NAME RODRIGUEZ, CARLOS J  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME RODRIGUEZ, PAMELA S  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME VARGAS, SONIA  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME BROWN, WOODSON  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME ARTINANO, BENITO  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

TITLE MGR ☐ Delete  
NAME LANZA, KEN  
STREET ADDRESS 3255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33172

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

*Carlos J. Rodriguez* 4/30/01 305-889-5593

CR2E083 (11/00)