

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000700

1. Entity Name
CARDEL-MIBP HOTEL, L.C.

Principal Place of Business
2300 CORAL WAY, SUITE 111
MIAMI FL 33145

Mailing Address
2300 CORAL WAY, SUITE 111
MIAMI FL 33145-3511

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 65-0840108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES
2300 CORAL WAY, SUITE 103
MIAMI FL 33145

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

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 NAME MGRM PAN AMERICAN DEVELOPMENT, INC. ☒ Delete
STREET ADDRESS 2300 CORAL WAY, SUITE 200
CITY- ST- ZIP MIAMI FL 33145

TITLE NAME MGRM CARWOOD, L.C. ☐ Delete
STREET ADDRESS 6700 S.W. 132ND STREET
CITY- ST- ZIP MIAMI FL 33156

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM PAN AMERICAN LAND, INC. ☐ Change ☒ Addition
STREET ADDRESS 2300 Coral Way, Suite 200
CITY- ST- ZIP Miami, FL 33145

TITLE NAME MGRM Carwood, L.C. ☒ Change ☐ Addition
STREET ADDRESS 3255 NW 87 Avenue
CITY- ST- ZIP Miami, FL 33172

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003256152--2
CITY- ST- ZIP -05/17/00--01081--025

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY- ST- ZIP ☐ Change ☐ Addition

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

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

CARLOS Lopez-Cantera 9/29/00 (305)858-5558

APPROVED
AND
FILED

00 APR 30 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)