

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

'00 MAY -4 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000003254

1. Entity Name

SINGER ISLAND OCEANFRONT HOTELS, LLC

Principal Place of Business

3800 NORTH OCEAN DRIVE
RIVIERA BEACH FL 33404

Mailing Address

3800 NORTH OCEAN DRIVE
RIVIERA BEACH FL 33404-2808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877102

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDO, STEVEN J
C/O ZARCO & PARDO, P.A.
100 S.E. 2ND STREET, SUITE 2700
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 PARDO, STEVEN J
STREET ADDRESS 100 S.E. 2ND STREET, SUITE 2700
CITY- ST- ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME 400003269244--0
STREET ADDRESS -05/26/00--01103--024
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME VIDAURRETA, AUGUSTO L
STREET ADDRESS 1000 SOUTH MIAMI AVENUE
CITY- ST- ZIP MIAMI FL 33131

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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: X

SIGNATURE REQUIRED

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

4/30/2000
Date

(305) 374-5413
Daytime Phone #

CR2E083 (9/99)