

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90081 028 \*\*\*\*50.00

**DOCUMENT # L98000003254**

1. Entity Name

**SINGER ISLAND OCEANFRONT HOTELS, LLC**

Principal Place of Business

Mailing Address

**3900 NORTH OCEAN DRIVE  
 RIVIERA BEACH FL 33404**

**3900 NORTH OCEAN DRIVE  
 RIVIERA BEACH FL 33404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**2 South Biscayne Blvd.**

**Suite 2475**

**Miami, Fla.**

**33131**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0877102**

Applied For  
 Not Applicable

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  
 % PARDO & GAINESBURG, LLP  
 2 S. BISCAYNE BLVD., #2475  
 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. 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 Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **PARDO, STEVEN J**  
 CITY-ST-ZIP **400 S.E. 2ND STREET, SUITE 2700  
 MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
 NAME **2 South Biscayne Blvd. Suite 2475**  
 STREET ADDRESS **Miami, Fla. 33131**  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
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 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 #

CR2E083 (4/02)