

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000 22 88

1. Entity Name
PELICAN HOTEL, L.L.C.

FILED

00 MAY 19 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
210 RSVP METROPOLITAN PARKING LLC
333 DUNSTON DRIVE SUITE 1030
UNIONDALE, NEW YORK 11553

2. Principal Place of Business 3. Mailing Address
333 EARLE DUNSTON DR # 1030
1030

City & State City & State
UNIONDALE, NY UNIONDALE, NY
Zip Country Zip Country
11553 USA 11553 USA

4. FBI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRIAN TAGUE P.A.
C/O TEW CARDENAS
201 S. BISCAYNE BLVD
SUITE 2600
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name N/A
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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-filing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER METROPOLITAN QVik PARK OPS. FLA. 333 EARLE DUNSTON DR #1030 UNIONDALE, NY 11553 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003266920 -05/25/00--01076--026 *****55 00 *****
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 207, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:  JACOB F. SOPHER 5/18/00 (305) 536-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Beyond Phone #

CPRECEP (0/05)