

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004592**

1. Entity Name
CARDEL HOSPITALITY GROUP, L.C.

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3255 NW 87TH AVE
MIAMI FL 33172**

Mailing Address
**3255 NW 87TH AVE
MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937437

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

**SLADE, ROGER
C/O PATHMAN, LEWIS, LLP
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131**

Name
DADE CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way Suite 103

City
Miami

FL

Zip Code
33145

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2000004274877-5

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**-05/21/01--01183--024
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLOS J. RODRIGUEZ, INC.
3255 NW 87TH AVE
MIAMI FL 33172** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 #

[Signature] **CARLOS RODRIGUEZ** 4/30/01 (305) 8585558

CR2E083 (11/00)