

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004853

1. Entity Name

LOEWS MIAMI BEACH HOTEL OWNERS' ASSOCIATION, INC

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90018 032 ****61.25

Principal Place of Business

Mailing Address

407 LINCOLN ROAD
SUITE 6-K
MIAMI BEACH FL 33139

655 MADISON AVE
TAX DEPT./ 14TH FLR
NEW YORK NY 10021-8043
US

2. Principal Place of Business

1601 Collins Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33139

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBER, WILLIAM A
201 BISCAYNE BOULEVARD
SUITE 2500
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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TISCH, JONATHAN M
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE V ☐ Delete
NAME ADLER, JACK S
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE VS ☐ Delete
NAME GARSON, GARY W
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE TD ☐ Delete
NAME KENNY, JOHN J
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE VD ☐ Delete
NAME NESSE, ERIC
STREET ADDRESS 407 LINCOLN ROAD, SUITE 6-K
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. KENNY (TREASURER)

3/24/00 212-521-2650

Date

Daytime Phone #

CR2E037 (9/99)