

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90501 003 \*\*\*150.00

**DOCUMENT # P00000012851**

1. Entity Name

**GR GROUP OF HOTELS, INC.**

Principal Place of Business

**2300 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134**

Mailing Address

**2300 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134**

2. Principal Place of Business

**18555 COLLINS AVE**

Suite, Apt. #, etc.

3. Mailing Address

**20940 NE 30 PL**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH FL**

City & State

**AVENUE A FL**

Zip

**33160**

Country

**US**

Zip

**33180**

Country

**US**

4. FEI Number

**65 0983625**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SAECKER, DIRK  
 2300 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

(NOT Registered Agent's signature required when reinstating)

DATE

**FILE NOW!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

**to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **SAECKER, DIRK**  
 STREET ADDRESS **2300 PONCE DE LEON BLVD.**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **P DIRK SAECKER**  
 STREET ADDRESS **18555 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

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

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

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

13. 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 the signature of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, 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 empowered

SIGNATURE:

**DIRK SAECKER**

**04/24/01**

**786 853 2325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)