

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90189 032 \*\*\*150.00

**DOCUMENT # P00000012851**

1. Entity Name  
**GR GROUP OF HOTELS, INC.**

Principal Place of Business

**18555 COLLINS AVE.  
 MIAMI FL 33160  
 US**

Mailing Address

**20940 NE 30 PL  
 AVENTURA FL 33180**

2. Principal Place of Business

**20940 NE 30 PL**

3. Mailing Address

**20940 NE 30 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**AVENTURA FL**

City & State

**AVENTURA FL**

4. FEI Number

**65-0983625**

Applied For

Not Applicable

Zip

**33180**

Country

**U.S.**

Zip

**33180**

Country

**U.S.**

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

**DIRK SAECKER**

Street Address (P.O. Box Number is Not Acceptable)

**20940 NE 30 PLACE**

City

**AVENTURA**

**FL**

Zip Code

**33180**

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

**04/20/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable 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 **18555 COLLINS AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition  
 NAME **DIRK SAECKER**  
 STREET ADDRESS **20940 NE 30 PLACE**  
 CITY-ST-ZIP **AVENTURA FL 33180**

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

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

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

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)