

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90037 038 ***150.00

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1. Entity Name
PRESIDENTIAL SUITES INVESTMENTS-I GP, INC.



Principal Place of Business
2875 NE 191ST STREET
SUITE 400
AVENTURA, FL 33180

Mailing Address
2875 NE 191ST STREET
SUITE 400
AVENTURA, FL 33180

54015563



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

02262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1028874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MONDRE, RICHARD D
1200 S. PINE ISLAND ROAD, STE. #200
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name Gordon Mark J.
Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191st Street
Suite 400
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[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 \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, MARK J 1200 S. PINE ISLAND RD., SUITE 200 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2875 N.E. 191st Street, Suite 400 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, DAVID 1200 S. PINE ISLAND RD., SUITE 200 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDRE, RICHARD D 1200 S. PINE ISLAND RD., SUITE 200 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #