

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90046 044 ***150.00

DOCUMENT # P01000075429

1. Entity Name
BLH HOTEL CORP.

Principal Place of Business

5445 COLLINS AVE
MIAMI BCH FL 33140

Mailing Address

5445 COLLINS AVE
MIAMI BCH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5445 COLLINS AVE

5445 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE CU 14

SUITE CU 14

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

36 4490 885

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

ZARETSKY, LOUIS D
555 NE 15TH ST STE 100
MIAMI FL 33132

Name

GONZALEZ LEOPOLDO

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

5445 COLLINS AVE

SUITE CU 14

City

MIAMI BEACH

FL

Zip Code

33140

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)

04/17/02
 DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MECOZZI, HORACIO**
STREET ADDRESS **5445 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33140**

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

TITLE **DVS** ☐ Delete
NAME **GONZALEZ, LOEPOLDO**
STREET ADDRESS **5445 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33140**

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

TITLE **DVT** ☐ Delete
NAME **BERKOWITZ, EMILIO**
STREET ADDRESS **5445 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02
 Date

305 867 8311
 Daytime Phone #

CR2E034 (9/01)