

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90108 001 ***150.00
 05-14-2002 90108 002 *****8.75

DOCUMENT # P01000113473

1. Entity Name

FLORIDA HOTELMANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

**701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131**

2. Principal Place of Business

1677 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

% Miller & Webner, P.A.

Suite, Apt. #, etc.

P.O. Box 266947

City & State

Miami Beach, FL

City & State

Weston, FL

4. FEI Number

65-0760731

Applied For

Not Applicable

Zip

33139

Country

Zip

33326

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVE., SUITE 3000

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Rebecca M. Miller

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

2442 Poinciana Court

City

Weston

FL

Zip Code

33327

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

Rebecca M. Miller

Rebecca M. Miller

04/20/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hans-Joachim Krause 3025 Collins Avenue Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ursula M. Krause 3025 Collins Avenue Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nicola Meyer 3025 Collins Avenue Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Katja Janzon 3025 Collins Avenue Miami Beach, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hans-Joachim Krause

Hans-Joachim Krause

4/23/02

(954) 385-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)