

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90004 001 ***408.75
 08-23-2000 90004 002 ***150.00

DOCUMENT # P93000024231

1. Entity Name
RIUTEL FLORIDA, INC.

Principal Place of Business: 17875 COLLINS AVE, N MIAMI BEACH FL 33160
 Mailing Address: 3101 COLLINS AVE, MIAMI BEACH FL 33140, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **65-0402019** Applied For: Not Applicable:

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **WILSON, DONALD D JR, 9500 S DADELAND BLVD, STE 700, MIAMI FL 33156**

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: _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PT NAME: RIU, LUIS JR STREET ADDRESS: 3101 COLLINS AVE CITY-ST-ZIP: MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DSVP NAME: RIU, CARMEN GUELL STREET ADDRESS: 3101 COLLINS AVE CITY-ST-ZIP: MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **BENBOLCHUA** SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **07/12/00** Daytime Phone #: **(305) 604 3335**

CR2E034 (5/00)



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July 17, 2000

To Whom It May Concern:

The purpose of this letter is to inform you the reason that Riu Hotels have not paid the dues is because we have changed controller. Right now I am responsible for this company and while the old controller transfer me the information he never mention that he have not pay you. So I really apologize for this matter. I am asking you if it is possible to pay you the first amount were due. I enclose you a check for the amount of \$150 Dollars.

I would like to thank to consider our error and be lenient with us. By any reason if you want to discuss this matter you can contact me at (305) 604 3335

Thank you,


Riu Hotels
Ezequiel Bengoechea
Controller
RIUTEL FLORIDA BEACH

Riu Hotels
3101 Collins Ave
Miami Beach FL 33140