**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P96000078875 1. Entity Name PREMIER HOSPITALITY MANAGEMENT, INC. 03-28-2001 90221 013 \*\*\*150.00 Principal Place of Business Mailing Address 2665 SOUTH BAYSHORE DRIVE 2000 S BAYSHORE DRIVE VILLA # 41 MÍAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 100 SE Second Street 100 SE Second Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4000 Suite 4000 City & State City & State 4. FEi Number Applied For 65-0705724 Not Applicable <u>Miami. Florida</u> <u>Miami, Florida</u> Country Country \$8.75 Additional 33131 5. Certificate of Status Desired 33131 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Marsha G. Madorský MADORSKY, MARSHA G. Street Address (P.O. Box Number is Not Acceptable) 100 SE Second Street 2665 S. BAYSHORE DRIVE SUITE 603 Suite 4000 **MIAMI FL 33133** Zio Code 33131 Miami ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name Marsha MADORSKY 3-21-0 SIGNATURE d when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition Delete TITLE TITLE MADORSKY, MARSHA G NAME NAME 2000 S BAYSHORE DRIVE VILLA 41 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Change X Addition TITLE ☐ Delete TITLE: MARTIN M. KANDEL NAME NAME 21 River Ridge Trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 ☐ Delete TITLE S/T ☐ Change ■ Addition NAME -NAME ~ STEVEN M. SCHLOSSBERG STREET ADDRESS STREET ADDRESS 1601 N. Halifax Avenue CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, FL 32118 ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Marsha G. Madorsky, Dir. 3/21/01 (305)530-00