

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91788 034 \*\*\*150.00

**DOCUMENT # P97000100546**

1. Entity Name  
**PADC HOSPITALITY CORPORATION II**



Principal Place of Business  
**100 S.E. 2ND STREET  
SUITE 4650  
MIAMI FL 33131**

Mailing Address  
**100 S.E. 2ND STREET  
SUITE 4650  
MIAMI FL 33131**

2. Principal Place of Business  
**550 BILTMORE WAY**

3. Mailing Address  
**550 BILTMORE WAY**

Suite, Apt. #, etc.  
**SUITE 970**

Suite, Apt. #, etc.  
**SUITE 970**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip Country  
**33134 MIAMI-DADE**

Zip Country  
**33134 MIAMI-DADE**

4. FEI Number **65-0809005**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**CT-CORPORATION-SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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. I am familiar with, and accept the obligations of registered agent.

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEEBLES, R D</b> <b>550 BILTMORE WAY</b> <b>100 S.E. 2ND STREET, STE. 4650 SUITE 970</b> <b>MIAMI-FL 33131 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>MATLOF, RICHARD</b> <b>550 BILTMORE WAY</b> <b>100 S.E. 2ND STREET, STE. 4650 SUITE 970</b> <b>MIAMI-FL 33131 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KOHLER, MICHELLE</b> <b>550 BILTMORE WAY</b> <b>100 S.E. 2ND STREET, STE. 4650 SUITE 970</b> <b>MIAMI-FL 33131 CORAL GABLES, FL 33134</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. 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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

80110767  
997000100546

Peebles Atlantic Development Corporation  
550 Biltmore Way  
Suite 970  
Coral Gables, FL 33134

Paid to the order of:  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Entity Name	FEI Number	Fee	Check Number
PADC Hospitality Corporation II	65-0809005	\$ 150.00	5675
Total Amount		\$ 150.00	