## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000037342 1. Entity Name VICTORIA SUITES INVESTMENTS, INC.

**FILED** Apr 12, 2000 8:00 am Secretary of State

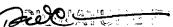
04-12-2000 90077 031 \*\*\*150.00

## Mailing Address Principal Place of Business 240 DOVAL BOINCIANA WAY

340 HOYAL POINCIANA WAY STE 316 PALM BEACH FL 33480			STE 316 PALM BEACH FL 33480-4096				1 20042002 110 2010) (S	1117 <b>- 11</b> 117 <b>- 11</b> 117 <b>- 11</b> 177 - <b>11</b>	<b>?! ? 8</b> . 11111   <b>1 2 2 6</b> 1 1111 <b>  6</b> 1	#10 (f0) (##)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO	NOT WRITE IN T	'HIS SPACE		
City & State			City & State			<b>4.</b> F	FEI Number 65-0829736 Applied For Not Applicable				
Zip	Country		Zip		Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. N	lame and Address	of New Registe	red Agent		
					Name						
CARSON, DONALD W					Street A	ddress (P.O. B	(P.O. Box Number is Not Acceptable)				
	ROYAL POINCI	ANA WAY									
STE											
PALM BEACH FL 33480					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
					10.0450.0		}				
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  After MAY 1, 200					will be \$5	50.00	l .	mpaign Financing Contribution.		May Be to Fees	
(See criteria on back) Make Check Payal					epartment	1	IDITION OF CALLANDS	-0 10 OFFICERO	AND DIRECTOR	CINIA	
11.	DP	OFFICERS AND DIF		12. TITL		AU	DITIONS/CHANGE	S TO OFFICERS	Change	Addition	
TITLE NAME	DP Delete				E Æ				onlarige		
STREET ADDRESS	316		ET ADDRESS								
CITY-ST-ZIP	PALM BEACH	oinciana way-ste :   Fl 33480			-ST-ZIP						
TITLE	D		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME	FANJUL, ALFO			NAM	E						
STREET ADDRESS	340 ROYAL P	316	1	EET ADDRESS							
CITY-ST-ZIP	PALM BEACH	FL 33480		_	-ST-ZIP			·			
TITLE	D CARCON DO	NAID W	☐ Delete	TITL		D/SV/S			☐ Change	☐ Addition	
name Street address	CARSON, DONALD W  RESS 340 ROYAL POINCIANA WAY-STE 316				EET ADDRESS			(CORRECT	rion)		
CITY-ST-ZIP	PALM BEACH		0.10	CITY	-ST-ZIP						
TITLE	V		☐ Delete	TITL	 E				☐ Change	☐ Addition	
NAME	PORTUONDO	, aurelio j		NAM	IE .	Ì					
STREET ADDRESS	340 ROYAL P	oinciana way-ste	316		EET ADDRESS						
CITY-ST-ZIP	PALM BEACH FL 33480			CITY	-ST-ZIP			<u> </u>		<del></del>	
TITLE	AS		☐ Delete	TITL					Change	☐ Addition	
NAME	WATKINS, NIC		46	NAM	ie Eet address						
, STREET ADDRESS CITY-ST-ZIP	PALM BEACH	OINCIAN WAY-STE 3	סו		-ST-ZIP						
. — —	LATM DEVOL	FL 33400		TITL					Change	Addition	
TITLE NAME			□ Delete	NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP					_	
13 I hereby c	ertify that the info	rmation supplied with thi	s filing does not qualify for	the exe	mption sta	ted in Section	119.07(3)(i), Florida	Statutes. I furthe	er certify that the i	nformation	

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:



Donald W. Carson, Sr. VP, 3/8/00 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR