

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 019 \*\*\*150.00

DOCUMENT # P98000068335

1. Entity Name

WESTON ORLANDO HOTEL, INC.

Principal Place of Business

Mailing Address

5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

659882

2. Principal Place of Business

5193 S. UNIVERSITY DR.

3. Mailing Address

5193 S. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 DAVIE, FL

City & State  
 DAVIE, FL

4. FEI Number 65-0953551

Applied For

Not Applicable

Zip  
 33328

Country

Zip  
 33328

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARULANDA, PABLO  
 5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328

Name  
 PABLO MARULANDA

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

5193 S. UNIVERSITY DR.

City DAVIE

FL

Zip Code  
 33328

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]*  
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DO  
 MARULANDA, PABLO  
 5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 5193 S. UNIVERSITY DR.  
 DAVIE, FL 33328 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #