

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048454

1. Entity Name

NATIONS DEVELOPMENT HOTELS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-21-2000 90211 045 ***550.00

Principal Place of Business

Mailing Address

999 PONCE DE LEON BOULEVARD
 SUITE 745
 CORAL GABLES FL 33134

899 PONCE DE LEON BOULEVARD
 SUITE 745
 CORAL GABLES FL 33134-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1030098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ-CORTES, RAFAEL
 999 PONCE DE LEON BOULEVARD
 SUITE 745
 CORAL GABLES FL 33134

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 reappointing)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DIAZ-CORTES, RAFAEL	
STREET ADDRESS	999 PONCE DE LEON BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
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: Rafael Diaz-Cortes REQUIRED

Rafael Diaz-Cortes, President

7/12/00

Date

Daytime Phone #

CR2E034 (9/99)



DOC # P99000048454
309609

August 30, 2000

Florida Department of State
Division of Corporations
P.O. Bo 6327
Tallahassee, FL 32314

Att: Leslie Seller

Re: P99000048454

Per conversation with Leslie, we have received twice the attached letter, but we do not understand why since the FEI number was included in the form.

Please let us know if you need any other information and if you can file the report as is.

Thank you for your assistance.

Sincerely,

Irela A. López
Assistant to
Rafael Díaz-Cortés
President