

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90996 040 ***150.00

DOCUMENT # S10575 ✓
1. Entity Name
 MDM HOTELS, INC.

Principal Place of Business 9090 South Dadeland Blvd.
 Suite 204
 Miami, FL 33156
Mailing Address 9090 South Dadeland Blvd.
 Suite 204
 Miami, FL 33156

00003325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc. **SUITE 210**
 City & State
 Zip Country

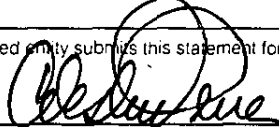
3. Mailing Address
 Suite, Apt. #, etc. **SUITE 210**
 City & State
 Zip Country

4. FEI Number 65-0232339
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Corporation Company of Miami
 201 S. Biscayne Blvd.
 1400 Miami Center
 Miami, FL 33131

7. Name and Address of New Registered Agent
 Name **CELESTINO PEÑA, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable) **1000 BRICKELL AVE., SUITE 480**
 City **MIAMI** FL Zip Code **33131**

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  DATE **4/19/2001**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	D/P/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Pulenta, Luis Alfredo		NAME		
STREET ADDRESS	9090 S. Dadeland Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33156		CITY-ST-ZIP		
TITLE	D/V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Glas, Ricardo		NAME		
STREET ADDRESS	9090 S. Dadeland Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33156		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Gonzalez, Jose		NAME		
STREET ADDRESS	9090 S. Dadeland Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Miami, FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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:  DATE **4-18-2001** Daytime Phone **305 674 1035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (1/0/00)