

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90141 030 ***150.00

DOCUMENT # P96000048769

1. Entity Name
INTERAMERICAN HOTELS CORP.



Principal Place of Business

**340 BISCAYNE BLVD.
SUITE 100
MIAMI FL 33132**

Mailing Address

**270 NE 4TH STREET
SUITE #100
MIAMI FL 33132
US**

2. Principal Place of Business

270 NE 4th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

FL

Zip

33132

Country

US

Zip

Country

4. FEI Number

65-0676854

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 S. 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 **PD** ☐ Delete
NAME **MICANGELI, MAURIZIO**
STREET ADDRESS **270 NE FOURTH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VD** ☐ Delete
NAME **TUPINI, CLAUDIO**
STREET ADDRESS **270 NE FOURTH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **V** ☐ Delete
NAME **CASTERA, BENOIST**
STREET ADDRESS **270 NE FOURTH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **CORBEDDU, AMTONIO**
STREET ADDRESS **270 NE FOURTH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **LAROCHE, RICHARD F**
STREET ADDRESS **2103 SHANNON DR.**
CITY-ST-ZIP **MURFREESBORO TN 37129**

TITLE **D** ☐ Delete
NAME **FRIEDBAUER, ROGER**
STREET ADDRESS **201 S. BISCAYNE BLVD., 1500 MIAMI CTR.**
CITY-ST-ZIP **MIAMI FL 33131**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

1-22-03

(65)394-2050

Date

Daytime Phone #

CR2E034 (10/02)