

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000057881

**Entity Name:** ME HOTEL PARTNER, INC.

**Current Principal Place of Business:**

2121 SW 3RD AVE  
SUITE 800  
MIAMI, FL 33129

**Current Mailing Address:**

2121 SW 3RD AVE  
SUITE 800  
MIAMI, FL 33129

**FEI Number:** 65-0940757

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PITA, RODOLFO E  
2121 SW 3RD AVENUE SUITE 800  
MIAMI, FL 33129 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                          |                 |                              |
|-----------------|--------------------------|-----------------|------------------------------|
| Title           | DS                       | Title           | TREASURER                    |
| Name            | SARDENBERG, MARCELLO     | Name            | PITA, RODOLFO E              |
| Address         | 2121 SW 3RD AVE, STE 800 | Address         | 2121 SW 3RD AVE<br>SUITE 800 |
| City-State-Zip: | MIAMI FL 33129           | City-State-Zip: | MIAMI FL 33129               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARCELLO SARDENBERG**

**DIRECTOR**

**03/10/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date