

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005663

1. Entity Name

MANDARIN ORIENTAL MIAMI, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90448 001 \*\*\*300.00

Principal Place of Business

501 BRICKELL KEY DR  
600  
MIAMI FL 33131

Mailing Address

222 SANSOME ST.  
SAN FRANCISCO CA 94104-2703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0367840

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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, 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 DP ☒ Delete  
NAME BURNETT, STUART M  
STREET ADDRESS 281 GLOUCESTER RD., CAUSEWAY BAY  
CITY-ST-ZIP HONG KONG, CHINA

TITLE DP ☐ Change ☒ Addition  
NAME PETER COWERN  
STREET ADDRESS 281 GLOUCESTER RD., CAUSEWAY BAY  
CITY-ST-ZIP HONG KONG CHINA

TITLE DT ☐ Delete  
NAME LA MONT, CYNTHIA  
STREET ADDRESS 222 SANSOME ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94104

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

TITLE S ☐ Delete  
NAME LOKE, KIT CHOY  
STREET ADDRESS TWO EMBARCADERO CENTER, STE. 2100  
CITY-ST-ZIP SAN FRANCISCO CA 94111

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

TITLE D ☐ Delete  
NAME HULTNER, WOLFGANG K  
STREET ADDRESS 222 SANSOME ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE D ☒ Change ☐ Addition  
NAME HULTNER, WOLFGANG K  
STREET ADDRESS 345 CALIFORNIA ST., STE 1230  
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE D ☐ Delete  
NAME WITT, JOHN  
STREET ADDRESS 281 GLOUCESTER RD CSWY BAY  
CITY-ST-ZIP HONG KONG, CHINA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)