

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005663

1. Entity Name

MANDARIN ORIENTAL MIAMI, INC.

Principal Place of Business

501 Brickell Key Dr. 600
Miami, FL 33131

Mailing Address

222 Sansome St.
San Francisco, CA 94104

2. Principal Place of Business

3. Mailing Address

345 California St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1250

City & State

City & State
San Francisco, CA

4. FEI Number

510367840

Applied For

Not Applicable

Zip

Country

Zip

94104

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000004135040--6

05/03/01 01150-001

***150.00 ***150.00

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, 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

TITLE D/T ☒ Delete
NAME Cynthia Lamont
STREET ADDRESS 222 Sansome St.
CITY-ST-ZIP San Francisco, CA 94104

TITLE D/P ☒ Delete
NAME Peter Cower
STREET ADDRESS c/o 281 Gloucester Rd., 7th Fl
CITY-ST-ZIP Causeway Bay, Hong Kong

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/T ☐ Change ☒ Addition
NAME Sherry Lee
STREET ADDRESS 345 California St., Suite 1250
CITY-ST-ZIP San Francisco, CA 94104

TITLE S ☒ Change ☐ Addition
NAME Kit Choy Loke
STREET ADDRESS 101 Second St., Ste. 1800
CITY-ST-ZIP San Francisco, CA 94105

TITLE D/P ☐ Change ☒ Addition
NAME Wolfgang K. Hultner
STREET ADDRESS 345 California St., Ste. 1250
CITY-ST-ZIP San Francisco, CA 94104

TITLE D ☐ Change ☒ Addition
NAME John R. Witt
STREET ADDRESS c/o 281 Gloucester Rd.
CITY-ST-ZIP Causeway Bay, Hong Kong

TITLE AT ☐ Change ☒ Addition
NAME Miranda Ngai
STREET ADDRESS c/o Gloucester Rd., 7th Fl.
CITY-ST-ZIP Causeway Bay, Hong Kong

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

KIT CHOY LOKE

(415) 371-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/00)