

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002308 AV

DOCUMENT # A30983

1. Entity Name  
MDM HOTEL GROUP, LTD.



FILED  
03 APR 18 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9090 S. DADELAND BLVD.  
SUITE 210  
MIAMI FL 33156

Mailing Address  
9090 S. DADELAND BLVD.  
SUITE 210  
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0232230

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

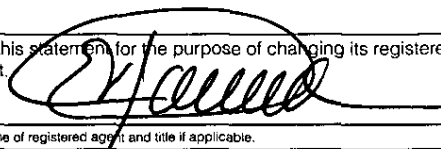
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CELESTINO PENA, ESQ.  
1000 BRICKELL AVE., STE. 480  
MIAMI FL 33131

Name EDUARDO GARCIA, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
9090 S. DADELAND BLVD.  
SUITE 210  
City MIAMI FL Zip Code 33156

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.

4/10/03  
DATE

9. Capital Contributions  
as Shown on record. \$465,883.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # S10575  
NAME MDM HOTELS, INC.  
STREET ADDRESS 9090 S. DADELAND BLVD.  
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 300016326833  
CITY-ST-ZIP 04/18/03--01063--004 \*\*526.25

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STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-03

Date Daytime Phone #

CR2E003 (10/02)