

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001455

1. Entity Name
DEZER HOTEL MANAGEMENT, LTD.

ny

FILED

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SECRETARY OF STATE
STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

8701 COLLINS AVENUE **8701 COLLINS AVENUE**
MIAMI BEACH FL 33154 **MIAMI BEACH FL 33154**

2. Principal Place of Business 3. Mailing Address

18101 Collins Avenue **18101 Collins Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sunny Isles Beach, FL **Sunny Isles Beach, FL**

Zip Country Zip Country

33160 **USA** **33160** **USA**

4. FEI Number Applied For

65-0683733 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEZERTZOV, NEOMI
8701 COLLINS AVENUE
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name
Ronald R. Fieldstone

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle

Suite 601

City State Zip Code

Coral Gables **FL** **33134**

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 *Ronald R. Fieldstone* **RONALD R. FIELDSTONE** **3/7/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,530,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000.00**

11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P96000064458
NAME	M & N HOTEL CORP.
STREET ADDRESS	8701 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
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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: *Neomi Dezertov* **Neomi Dezertov, Secretary** **3/27/01** **212-929-1285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER to Gen. Partner Date Daytime Phone #

CR2E003 (11/00)