

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001643**

1. Entity Name

HOTEL EDISON, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 1:33

Principal Place of Business

7950 NE BAY SHORE CT
MIAMI FL 33138

Mailing Address

900 BAY DRIVE SUITE L-9
MIAMI BEACH FL 33141-5633



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7950 NE Bayshore Ct

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0776812

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINSON, STEVEN Z
900 BAY DRIVE, SUITE L-9
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: **JUDITH S. BERSON**

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

Judith Berson Judith Berson 5/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P96000073452**
NAME **EDISON HOTEL MANAGEMENT, INC.**
STREET ADDRESS **7950 NE BAY SHORE CT**
CITY - ST - ZIP **MIAMI FL 33138**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **7950 NE Bayshore Ct**
CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

305 757 5122

CR2E003 (9/99)