

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002127

1. Entity Name
HOSPITALITY ASSOCIATES OF TAMPA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business
C/O MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496

Mailing Address
C/O MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0785663		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MEDNICK, SANDER ESQ. C/O MILESTONE CAPITAL CORPORATION 2300 W. SAMPLE ROAD, SUITE 208 POMPANO BEACH FL 33073				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				5835 NW 21st Way City Boca Raton FL Zip Code 33496			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record. \$1,137,850.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,128,488	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000084467 MILESTONE TAMPA MANAGEMENT, INC. 2300 W. SAMPLE ROAD, SUITE 208 POMPANO BEACH FL 33073	STREET ADDRESS CITY-ST-ZIP	5835 NW 21st Way Boca Raton FL 33496
DOCUMENT # NAME 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 220, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: 8/15/01 (954) 415-0088 **Daytime Phone #**

CR2E003 (5/00)