

2001 UNIFORM BUSINESS REPORT (UBR)

0004093 AF

DOCUMENT # A97000002316

1. Entity Name

PINES HOTEL GROUP, LTD.

Principal Place of Business

**2800 S.W. 28TH TERRACE
COCONUT GROVE FL 33133**

Mailing Address

**2800 S.W. 28TH TERRACE
COCONUT GROVE FL 33133**

FILED

01 JAN 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0794455

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STARKMAN, MARK R
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$1,800,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **218831**
NAME **HOSPITALITY OPERATIONS, INC.**
STREET ADDRESS **2800 S.W. 28 TERRACE**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS **400003576444--4**
CITY-ST-ZIP **-01/26/01--01048--024**
******526.25 ****526.25**

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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

1/18/01 305-661-1230
Date Daytime Phone #

CR2E003 (11/00)