

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000015356**  
 1. Entity Name  
**HAMILTON HOTEL, L.C.**

Principal Place of Business      Mailing Address  
**841 COLLINS AVE.**      **841 COLLINS AVE.**  
**MIAMI BEACH FL 33139**      **MIAMI BEACH FL 33139**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**FILED**  
 01 SEP -7 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1025138**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CAPOTE, BEATRIZ M ESQ.**  
**1101 BRICKELL AVE. 17TH FLOOR**  
**MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GABRIEL, ERIC 841 COLLINS AVE. MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**500004603585--8**  
**09/21/01--01012--018**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

11. I hereby certify that the information supplied with this report 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED**      9.4.01      305 538 436

STAPLE CHECK HERE

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CR2E083 (5/01)