

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000700

1. Entity Name
MDM BRICKELL HOTEL GROUP, LTD.



FILED

03 APR 18 PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9090 SOUTH DADELAND BLVD.
SUITE 210
MIAMI FL 33156

Mailing Address
9090 SOUTH DADELAND BLVD.
SUITE 210
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0808852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

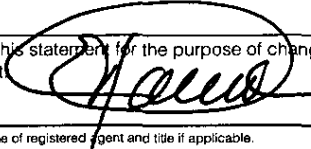
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, CELESTINO ESQ.
1000 BRICKELL AVE., SUITE 480
MIAMI FL 33131

Name **EDUARDO GARCIA, CPA**
Street Address (P.O. Box Number is Not Acceptable)
9090 S. DADELAND BLVD.
SUITE 210
City **MIAMI** FL Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

4/10/03
DATE

9. Capital Contributions as Shown on record. \$29,700,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000026682
NAME MDM BRICKELL, INC.
STREET ADDRESS 9090 SOUTH DADELAND BLVD.
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **000016326860**
04/18/03 01063 005 **526.25

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-03

Date

Daytime Phone #

CR2E003 (10/02)