

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009474 AT

**DOCUMENT # A01000001062**

1. Entity Name  
**EXECUTIVE MINI SUITES, LTD.**

FILED

02 MAY 16 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
555 S.W. 12TH AVENUE, SUITE 101  
POMPANO BEACH FL 33069

Mailing Address  
555 S.W. 12TH AVENUE, SUITE 101  
POMPANO BEACH FL 33069



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
City & State

4. FEI Number  
**65-1132019**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLDMAN, BRUCE J**  
**2701 LE JEUNE ROAD, SUITE 101**  
**POMPANO BEACH FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P01000076474</b> <b>EXECUTIVE MINI SUITES, INC.</b> <b>555 S.W. 12TH AVENUE, SUITE 101</b> <b>POMPANO BEACH FL 33069</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>900005677539--9</b> <b>-06/04/02--01050--016</b> <b>***526.25 ***526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** *[Signature]* **4-1-02** **954-933-0421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)