

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06377**

1. Entity Name

**HOTELERAMA ASSOCIATES, LTD.**

Principal Place of Business

**4441 COLLINS AVE.**

**STE 452-456**

**MIAMI BEACH FL 33140**

Mailing Address

**4441 COLLINS AVE.**

**STE 452-456**

**MIAMI BEACH FL 33140**

**FILED**

**01 JUL 23 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 26, 2001**

City & State

City & State

4. FEI Number **59-1805724**

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

7. Name and Address of New Registered Agent

**FRANTZMAN, JEFFREY**

**4441 COLLINS AVENUE**

**STE 452-456**

**MIAMI BEACH FL 33140**

Name

**ALAN M. KURTZMAN**

Street Address (P.O. Box Number is Not Acceptable)

**4441 COLLINS AVENUE**

City

**MIAMI BEACH**

**FL**

Zip Code

**33140**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/18/01**

9. Capital Contributions as Shown on record.

**\$7,905,693.36**

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 # **566110**  
NAME **KDM CORPORATION**  
STREET ADDRESS **4441 COLLINS AVE STE 452-456**  
CITY-ST-ZIP **MIAMI BEACH FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/18/01**

**(305) 535-3272**

CR2E003 (5/01)

STAPLE CHECK HERE