

2002 UNIFORM BUSINESS REPORT (UBR)

0019360 AB

DOCUMENT # **A24132**

1. Entity Name

AIRLINER HOTELS, LTD. LLLP

FILED

02 MAY -6 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**3535 HIAWATHA AVE.
MIAMI FL 33133**

Mailing Address

**P.O. BOX 330478
MIAMI FL 33233-0478**

2. Principal Place of Business

3. Mailing Address

3535 HIAWATHA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33133

UNITED STATES

4. FEI Number

59-2767144

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

BELLAMY, ROBERT R

***3535 HIAWATHA AVE., SUITE 101**

MIAMI FL 33133-4077

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,700,000.00

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 # **P14313**
NAME **BIG FLAG COMPANY**
STREET ADDRESS **ONE E. LIBERTY ST., #416**
CITY-ST-ZIP **RENO NV**

STREET ADDRESS

CITY-ST-ZIP

000005556160--9
-05/17/02--01012--009
******526.25 ****526.25**

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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
Robert R. Bellamy,

4/18/02

305-856-5561

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE