

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30931

1. Entity Name

DECO BEACH INNS, LTD.

FILED

00 FEB 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1850 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address

1850 COLLINS AVENUE
MIAMI BEACH FL 33139-7413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0400742

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

MANDELL, LLOYD
1741 COLLINS AVE.
MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

8. The above named ☒ submits this statement for use of ☒ registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed

Registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NO CHANGE

JAN 30/2000

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # S19258
NAME CLARA MANAGEMENT & SALES, INC.
STREET ADDRESS 1850 COLLINS AVE.
CITY - ST - ZIP MIAMI BEACH FL 33139

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

600003157246--8
-03/03/00--01113--010
****300.00 ****150.00

\$141.25 AR
8.75-CVS

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

Date

Daytime Phone #

JAN 30/2000

CR2E003 (9/99)