

2601 UNIFORM BUSINESS REPORT (UBR)

0005214 AF

DOCUMENT # A30983
 1. Entity Name
MDM HOTEL GROUP, LTD.

FILED
 01 APR 25 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9090 S. DADELAND BLVD. **9090 S. DADELAND BLVD.**
MIAMI FL 33156 **MIAMI FL 33156**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0232230** Applied For
 Not Applicable

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


6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CELESTINO PENA, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVE., SUITE 480
 City **MIAMI** FL Zip Code **33131**

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 **4-19-2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$465,883.00** 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	
DOCUMENT #	S10575
NAME	MDM HOTELS, INC.
STREET ADDRESS	9090 S. DADELAND BLVD.
CITY-ST-ZIP	MIAMI FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004191500--0
CITY-ST-ZIP	-05/09/01--01114--004
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE **4-18-2001** Daytime Phone # **305 670 1035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)