

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # **A31994**

1. Entity Name  
**CADILLAC HOTEL, LTD.**

00 MAR 30 PM 12: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *mf 4/7*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**9861 E. BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**9861 E. BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154-1116**

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

4. FEI Number <b>65-0308198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SUSSMAN, JOEL B. 190 BALFOUR DRIVE BAL HARBOUR FL 33154</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>6565 Collins Avenue</b>	
		City <b>MIAMI BEACH</b>	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>S79886</b>	NAME <b>CHGP CORP.</b>	STREET ADDRESS	
STREET ADDRESS <b>9861 E. BROADVIEW DR.</b>	CITY - ST - ZIP <b>BAY HARBOR ISLANDS,</b>	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>000003204940--5</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	<b>-04/11/00--01144--016</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>****141.25 ****141.25</b>
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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: *CHGP Corp* **SIGNATURE RECEIVED** **3/27/2000** **305-866-8855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Time Phone #

CR2E003 (9/99)