

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 FEB 18 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009892  
AT

**DOCUMENT # A31994**  
1. Entity Name  
**CADILLAC HOTEL, LTD.**

Principal Place of Business: **6565 COLLINS AVENUE MIAMI BEACH FL 33141**  
Mailing Address: **6565 COLLINS AVENUE MIAMI BEACH FL 33141**



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

**DUE BY MAY 1, 2002**  
4. FEI Number: **65-0308198**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SUSSMAN, JOEL B.  
6565 COLLINS AVENUE  
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$7,500.00**  
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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>S79886 CHGP CORP. 6565 COLLINS AVENUE MIAMI BEACH FL 33141</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500005033035--1 -03/04/02--01001--015 ****150.00 ****150.00</b>
CITY-ST-ZIP	
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:** *CHGP Corp. by IRA A. Sussman, Secy*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
Date: **1/8/02** Daytime Phone #: **305-866-8855**

CP2E003 (9/01)