

2001 UNIFORM BUSINESS REPORT (UBR)

0002878 AF

DOCUMENT # **A32199**

1. Entity Name

HOLLYWOOD SANDS RESORT/MRW, LTD.

FILED

01 JAN 26 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O MIRIAM R. WEBB
2404 NORTH SURF ROAD
HOLLYWOOD FL 33019**

Mailing Address

**C/O MIRIAM R. WEBB
2404 NORTH SURF ROAD
HOLLYWOOD FL 33019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0297572**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GABRIEL, ALAN L ESQ.
INTERNATIONAL BLDG., PENTHOUSE E.
2455 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$300.00

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 # **J30497**
NAME **MRW PROPERTY MGMT., INC.**
STREET ADDRESS **2404 NORTH SURF ROAD**
CITY-ST-ZIP **HOLLYWOOD FL**

STREET ADDRESS

CITY-ST-ZIP

100003624281--5

-02/02/01--01040--009

******141.25 ****141.25**

DOCUMENT #
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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:

Miriam R. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/22/01
Date

561-394-0447
Daytime Phone #

CR2E003 (11/00)