

2001 UNIFORM BUSINESS REPORT (UBR)

001628 AF

DOCUMENT # **A95000000257**

1. Entity Name

AMERICANO BEACH RESORT LIMITED PARTNERSHIP

Principal Place of Business
**1260 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118**

Mailing Address
**1260 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32118**

FILED

01 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3300298

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

**MADORSKY, MARSHA G
2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133**

Name **MARSHA G. MADORSKY, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street, Suite 4000

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

MARSHA MADORSKY

4-12-01

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.

\$7,000,000.00

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 # **P95000013991**
NAME **ABR OF DAYTONA, INC.**
STREET ADDRESS **C/O 2665 SOUTH BAYSHORE DIREVE**
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS **c/o Marsha G. Madorsky, Esq.**
100 S.E. 2nd Street
CITY-ST-ZIP **Miami, Florida 33131**

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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 REQUIRED
MARSHA MADORSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-01

Date

305-530-0050

Daytime Phone #

CR2E003 (11/00)