

2001 UNIFORM BUSINESS REPORT (UBR)

0004684 AF

DOCUMENT # A96000001643

1. Entity Name

HOTEL EDISON, LTD.

FILED

Principal Place of Business

7950 NE BAYSHORE CR
MIAMI FL 33138

Mailing Address

900 BAY DRIVE SUITE L-9
MIAMI BEACH FL 33141

01 FEB -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

7950 NE BAYSHORE CT.

3. Mailing Address

900 Bay Drive PH2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0776812

Applied For

Not Applicable

Zip

Country

US

Zip

Country

US

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

BERSON, JUDITH S
900 BAY DRIVE, SUITE L-9
MIAMI BEACH FL 33141

Name

Street Address (P.O.-Box Number is Not Acceptable)

900 Bay Drive PH2

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.

\$100.00

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 # P96000073452
NAME EDISON HOTEL MANAGEMENT, INC.
STREET ADDRESS 7950 NE BAY SHORE CT
CITY-ST-ZIP MIAMI FL 33138

STREET ADDRESS

CITY-ST-ZIP

900 Bay Drive PH2

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Judith S. Berson

Date

Daytime Phone #

1/9/01 305 7575122

CR2E003 (11/00)