

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000764**

1. Entity Name

**MAK HOTEL ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 12 AM 10:16

423/13

Principal Place of Business

Mailing Address

**2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133**

**2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0747532**

Applied For

Not Applicable

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

**MAK HOTEL MANAGEMENT, INC.  
2665 SOUTH BAYSHORE DRIVE  
PENTHOUSE IIA  
MIAMI FL 33133**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$594,000.00**

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 # **P97000029585**  
NAME **MAK HOTEL MANAGEMENT, INC.**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, PENTHOUSE IIA**  
CITY-ST-ZIP **MIAMI FL 33133**

STREET ADDRESS

CITY-ST-ZIP

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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 520, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ERIK KATZ**

**2/11/02**

Date

Daytime Phone #

CR2E003 (9/01)

0001270 AV

STAPLE CHECK HERE