

2001 UNIFORM BUSINESS REPORT (UBR)

0007413 AF

DOCUMENT # **A97000001152** ENTERED
1. Entity Name **BOY**
BOYNTON BEACH HOSPITALITY, LTD.

Principal Place of Business Mailing Address
123 N. CONGRESS AVE., STE. 358 **123 N. CONGRESS AVE., STE. 358**
BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **c/o J. Hahn CPA**
City & State **1515 No Federal Hwy**
Zip Country **BOCA RATON FL**
33432

FILED
01 MAR 23 AM 10:47
SECRETARY OF STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0794055** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAHN, JEFFREY B
1515 NORTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,500.00** 10. Amount of Capital Contributions in FLORIDA to date. **7500** 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 # **P96000077402**
NAME **BOYNTON BEACH HOSPITALITY, INC.**
STREET ADDRESS **1515 NORTH FEDERAL HIGHWAY, SUITE 300**
CITY-ST-ZIP **BOCA RATON FL 33432**

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13. ADDRESS CHANGES ONLY

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CP2E003 (11/00)