

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003796 AV

DOCUMENT # A97000001152



1. Entity Name
BOYNTON BEACH HOSPITALITY, LTD.

FILED

03 MAR 10 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

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

Mailing Address
C/O J. HAHN CPA
1515 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33432



2. Principal Place of Business
1475 W. Gateway Blvd

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Boynton Beach FL
Zip
33424

City & State

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John S. Cortez* Date *2/28/03*

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 FL. 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 # P96000077402
NAME BOYNTON BEACH HOSPITALITY, INC.
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 300
CITY-ST-ZIP BOCA RATON FL 33432

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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CHECK HERE