

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002124**

1. Entity Name

HOSPITALITY ASSOCIATES OF OAKLAND PARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -5 PM 12:22

Principal Place of Business

% MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496

Mailing Address

% MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0785665

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

MEDNICK, SANDER ESQ.

C/O MILESTONE CAPITAL CORPORATION
2300 W. SAMPLE ROAD, SUITE 208
POMPANO BEACH FL 33073

Name

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

5835 NW 21st Way

City Boca Raton

FL

Zip Code

33496

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

\$790,713.00

10. Amount of Capital Contributions

as Shown on record in FLORIDA to date.

978,202

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 # P97000084470
NAME MILESTONE OAKLAND PARK MANAGEMENT, INC.
STREET ADDRESS 2300 W. SAMPLE ROAD, SUITE 208
CITY-ST-ZIP POMPAO BEACH FL 33073

STREET ADDRESS

5835 NW 21st Way

CITY-ST-ZIP

Boca Raton, FL 33496

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

RE \$926.25

CITY-ST-ZIP

500003410395--7

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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 #

8/15/00 (954) 415-0088

CR2E003 (5/00)