

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002124

1. Entity Name

HOSPITALITY ASSOCIATES OF OAKLAND PARK, LTD.

FILED

Principal Place of Business

Mailing Address

01 APR 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1595 W. Oakland Park Blvd.

3. Mailing Address

5301 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 370

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Boca Raton, FL

4. FEI Number

65-0785665

Applied For

Not Applicable

Zip

33311

Country

Zip

33487

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

Name

Sander Mednick

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

c/o Milestone Capital Corp.

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

Sander Mednick

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.

\$978,202

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 # P97000084470
NAME Milestone Oakland Park Management, Inc.
STREET ADDRESS 5301 N. Federal Hwy., Ste. 370
CITY-ST-ZIP Boca Raton, FL 33487

STREET ADDRESS
CITY-ST-ZIP
100004104011-3
-05/01/01-01115-001
****526.25 ****526.25

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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

Sander Mednick

Date

Daytime Phone #

561-995-2249

CR2E003 (11/00)