

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002127**

1. Entity Name

HOSPITALITY ASSOCIATES OF TAMPA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

C/O MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496

Mailing Address

C/O MILESTONE CAPITAL CORPORATION
5835 NW 21ST WAY
BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0785663

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
as Shown on record.

1,137,850.00
~~\$1,137,850.00~~

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 1,128,488

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 # **P97000084467**
NAME **MILESTONE TAMPA MANAGEMENT, INC.**
STREET ADDRESS **2300 W. SAMPLE ROAD, SUITE 208**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

STREET ADDRESS

5835 NW 21st Way

CITY-ST-ZIP

Boca Raton FL 33496

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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 820, Florida Statutes

SIGNATURE:

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

Date

Daytime Phone #

CR2E003 (5/00)