

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002127

1. Entity Name

HOSPITALITY ASSOCIATES OF TAMPA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 14 PM 3:18

Principal Place of Business

2901 E. BUSCH BLVD.  
TAMPA FL 33612

Mailing Address

5301 N. FEDERAL HIGHWAY  
SUITE 370  
BOCA RATON FL 33487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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  
5835 NW 21ST WAY  
BOCA RATON FL 33496

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$1,137,856.00

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 # P97000084467  
NAME MILESTONE TAMPA MANAGEMENT, INC.  
STREET ADDRESS 5835 NW 21ST WAY  
CITY-ST-ZIP BOCA RATON FL 33496

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

Sander Mednick 4-17-02 561-981-8828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0004089  
AV