

DOCUMENT # A97000002599

1. Entity Name

MIAMI HOTEL INVESTMENTS, LTD.

FILED

00 JAN 31 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1050 N.W. 14TH STREET  
MIAMI FL 33136

Mailing Address

1050 N.W. 14TH STREET  
MIAMI FL 33136-2105

2. Principal Place of Business

3. Mailing Address

4700 Sheriden St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg N

City &amp; State

City &amp; State

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

4. FEI Number

65-0797971

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GARY L ESQ.

20803 BISCAYNE BLVD., SUITE 200  
AVENTURA FL 33180

Name

DANA M KAUFMAN

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

4700 SHERIDAN ST

Bldg N

City

HOLLYWOOD

FL

Zip Code  
33021

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.

\$540,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

540,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P97000101518  
NAME MIAMI HOTEL INVESTMENTS G.P., INC.  
STREET ADDRESS 1050 N.W. 14TH STREET  
CITY - ST - ZIP MIAMI FL 33136

STREET ADDRESS

CITY - ST - ZIP

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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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/25/2001