

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002859 AF

DOCUMENT # **A97000002599**

1. Entity Name

**MIAMI HOTEL INVESTMENTS, LTD.**

**FILED**

**01 MAR -7 AM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*rf*

Principal Place of Business

**4700 SHERIDAN STREET, BUILDING N  
HOLLYWOOD FL 33021**

Mailing Address

**4700 SHERIDAN STREET, BUILDING N  
HOLLYWOOD FL 33021**



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

**65-0797971**

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

**KAUFMAN, DANA M**

**4700 SHERIDAN STREET, BUILDING N  
HOLLYWOOD FL 33021**

Name

**JUDAH BURSTYN**

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

**1050 NW 14 ST.**

City

**MIAMI**

**FL**

Zip Code

**33136**

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]*

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.

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 # **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

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**X 2/1/01**

Date

**X (305) 324 0201**

Daytime Phone #

CR2E003 (11/00)