

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002599

1. Entity Name

MIAMI HOTEL INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -4 PM 2:19

Principal Place of Business

4700 SHERIDAN STREET, BUILDING N
HOLLYWOOD FL 33021

Mailing Address

4700 SHERIDAN STREET, BUILDING N
HOLLYWOOD FL 33021

2. Principal Place of Business

MIAMI HOTEL INVESTMENT

3. Mailing Address

1050 NW 14 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

33136

DADE

Zip

Country

4. FEI Number

65-0797971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURSTYN, JUDAH
1050 N.W. 14TH ST.
MIAMI FL 33136

7. Name and Address of New Registered Agent

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

\$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

DOCUMENT # P97000101518
NAME MIAMI HOTEL INVESTMENTS G.P., INC.
STREET ADDRESS 1050 N.W. 14TH STREET
CITY-ST-ZIP MIAMI FL 33136

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

100005236221--6

CITY-ST-ZIP

-04/10/02--01069--017

****526.25 ****526.25

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (9/01)

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

305
2/11/02 324-0200

Date

Daytime Phone #