

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001333

1. Entity Name

CARDEL-MIBP HOTEL, LTD.

FILED

02 MAY -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~2300 CORAL WAY, SUITE 111~~
~~MIAMI FL 33145~~

~~2300 CORAL WAY, SUITE 111~~
~~MIAMI FL 33145~~

2. Principal Place of Business

3. Mailing Address

3265 N.W. 87th Ave.

3265 NW 87th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0840106

Applied For

Not Applicable

Zip

Country

33172 U.S.A.

Zip

Country

33172 U.S.A.

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

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI FL 33145

Name

Linda Pacheco

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

Cardel Hospitality Group
3265 N.W. 87th Avenue

City

Miami

FL

Zip Code

33172

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

Linda Pacheco Linda Pacheco

4/29/02

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # L98000000700
NAME CARDEL-MIBP HOTEL, L.C.
STREET ADDRESS 2300 CORAL WAY, SUITE 111
CITY-ST-ZIP MIAMI FL 33145

STREET ADDRESS 3265 NW 87th Avenue
CITY-ST-ZIP Miami, FL 33172

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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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carlos J. Rodriguez 4/29/02

305-500-9978

Date

Daytime Phone #

CR2E003 (9/01)