

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002296**

1. Entity Name  
**UNIAMP HOTEL ASSOCIATES, LTD.**



FILED

2003 JAN 14 AM 10:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O ALLAN V. ROSE  
ONE EXECUTIVE BOULEVARD  
YONKERS NY 10701**

Mailing Address  
**C/O ALLAN V. ROSE  
ONE EXECUTIVE BOULEVARD  
YONKERS NY 10701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **13-4028214**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,942,837.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P27203**  
NAME **UNIAMP HOTEL CORP.**  
STREET ADDRESS **ONE EXECUTIVE BLVD.**  
CITY-ST-ZIP **YONKERS NY 10701**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P98000084655**  
NAME **UNIAMP TEMP CORP.**  
STREET ADDRESS **ONE EXECUTIVE BLVD.**  
CITY-ST-ZIP **YONKERS NY 10701**

STREET ADDRESS

CITY-ST-ZIP

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**900010095899**  
**11/14/03--01099--013 \*\*526.25**

CR2E003 (10/02)

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

**1/2/03 (914) 965-3990**  
Date Daytime Phone #