

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002389

1. Entity Name

MSE HOSPITALITY-MIAMI BEACH, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90011 017 ***150.00

Principal Place of Business	Mailing Address
332 WASHINGTON ST NW. SUITE 207 GAINESVILLE GA 30501	332 WASHINGTON ST NW. SUITE 207 GAINESVILLE GA 30501-8519

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0740812	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, JAMES J	NAME	
STREET ADDRESS	2512 BRIDGEWATER DR	STREET ADDRESS	3982 Sundown Drive
CITY-ST-ZIP	GAINESVILLE GA 30506	CITY-ST-ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, VICKI E	NAME	
STREET ADDRESS	2512 BRIDGEWATER DR	STREET ADDRESS	3982 Sundown Drive
CITY-ST-ZIP	GAINESVILLE GA 30506	CITY-ST-ZIP	
TITLE	VCST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSON, RANDALL	NAME	
STREET ADDRESS	5536 HIDDEN HARBOR TRAIL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE GA 30501	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RAY	NAME	
STREET ADDRESS	PO BOX 7220 (N/A)	STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT MOUNTAIN GA 30502	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ James J. Hough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-25-00 Daytime Phone #: 770-532-3301

CR2E034 (9/99)