

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001341

1. Entity Name

GAY HOTEL NETWORK LLC

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
300 71st STREET, #301
MIAMI BEACH, FL 33141

Mailing Address
300 71st STREET, #301
MIAMI BEACH, FL 33141

2. Principal Place of Business
P.O. BOX 41-6717

3. Mailing Address
P.O. BOX 41-6717

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MMJ

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-0986475

Applied For
Not Applicable

Zip
33141

Country
USA

Zip
33141

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, THOMAS E
C/O MURTON BROWN
300 71st STREET, #301
MIAMI BEACH, FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)
C/O ROBERT GUILMARTIN

5775 COLLINS AVENUE, PH. 1

City
MIAMI BEACH

FL

Zip Code
33140

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

D
ROBERT GUILMARTIN
P.O. BOX 41-6717
MIAMI BEACH, FL 33141

☐ Change ☒ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 08, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/01 305 582 1600

CR2E083 (11/00)