

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000008035

1. Entity Name

P6A Hotel Corp, L.L.C.

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1027 N. Florida Mango Rd.  
Ste. 2  
West Palm Beach, FL 33409

Mailing Address

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1035829

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kenneth Birdsall  
1027 N. Florida Mango Rd.  
Ste 2  
West Palm Beach, FL 33409

Name Bruce Stewart  
Street Address (P.O. Box Number is Not Acceptable)  
1027 N. Florida Mango Rd.  
Ste 2  
City West Palm Beach FL Zip Code 33409

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

*Bruce Stewart*

6/18/01

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE mm, m Bruce Stewart ☐ Delete  
NAME  
STREET ADDRESS 1027 N. Florida Mango Rd.  
CITY-ST-ZIP Ste 2 West Palm Beach, FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE m Avril C. Pruspa ☐ Delete  
NAME  
STREET ADDRESS 1027 N. Florida Mango Rd.  
CITY-ST-ZIP Ste 2 West Palm Beach, FL 33409

TITLE ☐ Change ☐ Addition  
NAME 800004452458-7  
STREET ADDRESS -06/29/01--01096--031  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: *Bruce Stewart* BRUCE STEWART 6/18/01 561-897-8140