

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90313 020 ****50.00

DOCUMENT # L02000009453

1. Entity Name

JUPITER HOTEL LLC



Principal Place of Business

**18700 W. TEN MILE RD STE 200
SOUTHFIELD MI 48075**

Mailing Address

**18700 W. TEN MILE RD STE 200
SOUTHFIELD MI 48075**

2. Principal Place of Business

3. Mailing Address

34 FISHERMAN'S WHARF

Suite, Apt. #, etc.

JUPITER FL

Suite, Apt. #, etc.

City & State

City & State

Zip
33477

Country
USA

Zip

Country

4. FEI Number

743040187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ASMAR, AMER
4732 N. DALE MABRY
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

AMER ASMAR

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

34 FISHERMAN'S WHARF

City

JUPITER

FL

Zip Code
33477

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

AMER ASMAR

1/21/03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AMER ASMAR

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

Date

Daytime Phone #

1/21/03

248 557 5454

CR2E083 (10/02)