

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001198

1. Entity Name
ARK SQUARE HOTELS, L.L.C.

APPROVED
AND
FILED

00 APR 13 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819

Mailing Address

5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819-7912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MNM

DO NOT WRITE IN THIS SPACE

59-3523707

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

TITLE MGR
NAME GUPTA, SURESH K
STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE MGR
NAME AGGARWAL, BRAHAM R
STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE MGR
NAME DESHPANDE, ANIL
STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800003223828--1
-04/25/00--01103--016
*****55.00 *****55.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

0001155 AF

CR2E083 (9/99)