

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001198**

1. Entity Name

PARK SQUARE HOTELS, L.L.C.

Principal Place of Business

**5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUPTA, SURESH K
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

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

SURESH K. GUPTA

JAN 10, 2001

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 NAME ☐ Delete
**MGR
GUPTA, SURESH K
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

TITLE NAME ☐ Change ☐ Addition
**0000004135210--5
-05/03/01--01153--021
*****50.00 *****50.00**

TITLE NAME ☐ Delete
**MGR
AGGARWAL, BRAHAM R
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
**MGR
DESHPANDE, ANIL
5401 KIRKMAN ROAD, SUITE 525
ORLANDO FL 32819**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

SURESH K. GUPTA

1/10/01

407 352 7275

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
01 APR 23 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNCLAS. J AT

CR2E083 (11/00)