

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001980**

1. Entity Name
BUENA VISTA HOTEL PARTNERS, L.C.

FILED

01 APR 30 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3000 NORTH FEDERAL HIGHWAY, BUILDING 8
FORT LAUDERDALE FL 33306**

Mailing Address
**3000 NORTH FEDERAL HIGHWAY, BUILDING 8
FORT LAUDERDALE FL 33306**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
5 ONEIDA LANE
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE, FLORIDA
Zip Country
33308 USA

4. FEI Number **33-0852398**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRYSTOFF, JERROLD
3000 NORTH FEDERAL HIGHWAY, BUILDING 8
FORT LAUDERDALE FL 33306

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

900004219399--6
-05/16/01--01023--023
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOSPITALITY DEVELOPMENT INTERNATIONAL, INC 3000 NORTH FEDERAL HIGHWAY, BUILDING 8 FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mary D. [Signature] President**

1.29.01 **934**
568.3000

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

Date Daytime Phone #

0011855 AF

CR2E083 (11/00)