

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004822

1. Entity Name
MYF HOSPITALITY L.L.C.

FILED

00 JAN 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3239 WEST TRADE AVENUE. #9
COCONUT GROVE FL 33133

Mailing Address
3239 WEST TRADE AVENUE. #9
COCONUT GROVE FL 33133-3622



2. Principal Place of Business
3400 PAN AMERICAN DR.
Suite, Apt. #, etc.
#7

3. Mailing Address
555 15th Street
Suite, Apt. #, etc.
#416

DO NOT WRITE IN THIS SPACE

City & State
Coconut Grove, Fla.
Zip
33133
Country
Dade

City & State
Miami, Fla.
Zip
33132
Country
Dade

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUDIK, MICHAEL A
3239 WEST TRADE AVENUE, #9
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name
(-Same-) Michael A. Dudik
Street Address (P.O. Box Number is Not Acceptable)
3400 PAN AMERICAN DR.
#7
City
Coconut Grove Fla. FL Zip Code
33133

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 DATE 1-4-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUDIK, MICHAEL L 3239 WEST TRADE AVENUE, #9 COCONUT GROVE FL 33133	<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
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	700003103847--7 -01/20/00--01020--018 *****55.00 *****55.00	<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
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

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: MYK- 1-4-00 444-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)