

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007182**

1. Entity Name
HOTEL VENTURES INTERNATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business
230 SE MIZNER BLVD., STE 301
BOCA RATON FL 33432

Mailing Address
230 SE MIZNER BLVD., STE 301
BOCA RATON FL 33432-5098



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19480 E. COUNTRY CLUB DRIVE
Suite, Apt. #, etc.

3. Mailing Address
19480 E. COUNTRY CLUB DRIVE
Suite, Apt. #, etc.

City & State
AVENTURA, FL

Zip
33180-4825

Country

City & State
AVENTURA, FL

Zip
33180-4825

Country

4. FEI Number
65-0971447

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILROY, ROSS W
230 SE MIZNER BLVD., STE 301
BOCA RATON FL 33432

Name
Street Address (P.O. Box Number is Not Acceptable)
19480 E. COUNTRY CLUB DRIVE
City **AVENTURA** FL Zip Code **33180**

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 *R. Milroy* **ROSS W. MILROY, MANAGING MEMBER** **3/6/00**
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 STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MANAGING MEMBER ROSS W. MILROY 19480 E. COUNTRY CLUB DR. AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		500003187585--4 -03/28/00--01081--014 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<i>Self</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: *R. Milroy* **ROSS W. MILROY** **3/6/00** **305-466-2230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)