

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90242 047 \*\*\*\*50.00

**DOCUMENT # L99000007182**

1. Entity Name

**HOTEL VENTURES INTERNATIONAL, LLC**

Principal Place of Business

**19480 E. COUNTRY CLUB DR.  
 AVENTURA FL 33180-4825**

Mailing Address

**19480 E. COUNTRY CLUB DR.  
 AVENTURA FL 33180-4825**

2. Principal Place of Business

**2475 BRICKELL AVE**

3. Mailing Address

**2475 BRICKELL AVE**

Suite, Apt. #, etc.

**STE 2002**

Suite, Apt. #, etc.

**STE 2002**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0971447**

Applied For

Not Applicable

Zip

**33129**

Country

Zip

**33129**

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILROY, ROSS W  
 19480 E. COUNTRY CLUB DR.  
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **MILROY, ROSS W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2475 BRICKELL AVE**  
**STE 2002**  
 City **MIAMI** FL Zip Code **33129**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **MILROY, ROSS W**  
 STREET ADDRESS **19480 E. COUNTRY CLUB DR.**  
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MGRM**  Change  Addition  
 NAME **MILROY, ROSS W**  
 STREET ADDRESS **2475 BRICKELL AVE #2002**  
 CITY-ST-ZIP **MIAMI FL 33129-2482**

TITLE **MGRM**  Delete  
 NAME **GLASNAK, JOHN**  
 STREET ADDRESS **30375 PLYMOUTH ROAD, SUITE 101**  
 CITY-ST-ZIP **LIVONIA MI 48150**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Ross W. Milroy*  
**ROSS W. MILROY**

**4/15/02**

**305-250-5158**

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

Date

Daytime Phone #

CRZE083 (9/01)