

2001 UNIFORM BUSINESS REPORT (UBR)

0029177 AF

DOCUMENT # M00000001542
1. Entity Name
 MIRAMAR LODGING, LLC

FILED

01 FEB -5 AM 10:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1375 EAST NINTH STREET, SUITE 2750
 CLEVELAND OH 44114
Mailing Address 1375 EAST NINTH STREET, SUITE 2750
 CLEVELAND OH 44114

2. Principal Place of Business 1375 East 9th St.
 Suite, Apt. #, etc. Suite Q350
 City & State CLEVELAND OHIO 44114
 Zip 44114 Country
3. Mailing Address 1375 East 9th St.
 Suite, Apt. #, etc. Suite Q350
 City & State CLEVELAND OHIO
 Zip 44114 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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

600003675236--2
 -02/12/01--01146--015
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYAR, BERT W 1375 EAST NINTH STREET, SUITE 2750 CLEVELAND OH 44114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOYAR, Bert W 1375 East 9th St Suite 2350 Cleveland Ohio 44114 <input checked="" 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
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
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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: Bert W. Mojar **1/30/01** **216598-0441**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # ext 101

CR2E083 (11/00)