

# 2000 UNIFORM BUSINESS REPORT (UBR)

7-005

DOCUMENT # M97000000192

1. Entity Name  
RENTHOTEL SINGER, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02

Principal Place of Business  
C/O CITY HOTELS USA  
7920 NOFOLK AVE., 3RD FLOOR  
BETHESDA MD 20814

Mailing Address  
C/O CITY HOTELS USA  
7920 NOFOLK AVE., 3RD FLOOR  
BETHESDA MD 20814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2025758

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS RENTHOTEL UTAH, LLC  
CITY-ST-ZIP 7920 NORFOLK AVE., 3RD FLOOR  
BETHESDA MD 20814 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature: *Michael Teglin* 9/8/00 301 215 7280

CR2E083 (5/00)