## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000102653 **DOCUMENT #**

1. Entity Name

SWIRE GENERAL HOTELING



## **FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90070 032 \*\*\*150.00



- Coviiti	L GENERAL HOT	EL ING.						
Principal Place of Business 501 BRICKELL KEY DRIVE. STE. 600 ATTN: BEVERLY CARBY MIAMI FL 33131  Mailing Address 501 BRICKELL KEY DRIV ATTN: BEVERLY CARBY MIAMI FL 33131  Miami FL 33131			BRICKELL KEY DRIVE. TN: BEVERLY CARBY	STE. 600				
2. Princip	pal Place of Business	3. Ma	ailing Address		! (####################################			
Suite,	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE II	F MAKING	CHANGES	6
City &	tate		City & State		4. FEI Number 65-0816104 Applied For			
Zip	Count	try Zip		Country	5. Certificate of Status Desired		8.75 Ac	lot Applicable Iditional
	6. Name and Add	ress of Current Register	ed Agent		7. Name and Address of New Re		ee Requir	ed
TOLA	ND GDEGG E			Name		<u> </u>	<u> </u>	
TOLAND, GREGG E 501 BRICKELL KEY DRIVE				Street Address (F	P.O. Box Number is Not Acceptable)			
SUITE				<del></del>	, , , , , , , , , , , , , , , , , , ,			
ļ	FL 33131			City			7:-0	
8. The ab	ove named entity submits	this statement for the pure	one of changing its	-		FL	Zip Cod	
the obl	gations of registered age	nt.	oose or changing its regi	istered office or registere	ed agent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
SIGNATUR	 3E							
		me of registered agent and title if app	olicable, (NOTE: Reg	gistered Agent signature required v	when reinstating)	DATE		<del></del>
٠	FILE NOW!!! FEE I		-					
		*** - *			0 Fig. 2 - 0 - 1 - Fi			_
As Make Ch	iter May 1, 2003 Fee week Payable to Florida	rill be \$550.00  Department of State			<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	ncing		00 May Be
Make Cho	eck Payable to Florida	Department of State	RS T	11	Trust Fund Contribution.		Added	to Fees
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I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED