

# 2001 UNIFORM BUSINESS REPORT (UBR)

0036445  
AV

DOCUMENT # P98000097626

1. Entity Name  
FIRST CAPITAL HOSPITALITY FINANCIAL GROUP, INC.

FILED

01 OCT 17 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1221 BRICKELL AVE. 9TH FL  
MIAMI FL 33131

Mailing Address  
1221 BRICKELL AVE. 9TH FL  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 65-0881037

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

*Zulma M. Howarth*  
Signature, typed or printed name of registered agent and title if applicable.

Zulma M. Howarth - Asst. Secy 10-24-01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
SELNA, FRANK A  
6136 W. KIMBERLY WAY  
GLENDALE AZ 85308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004658585--2  
-10/30/01--01021--009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BUEHER, MARTIN H  
16711 COLLINS AVE., #2503  
MIAMI BEACH FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*500.00  
LS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HILL, JOSEPH E  
8 PARK PLAZA, #232  
BOSTON MA 02116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004658585--2  
-10/30/01--01021--010  
\*\*\*158.75 \*\*\*158.75

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/01

Date

602-363-1031

Daytime Phone #

CR2E034 (5/01)