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## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 05, 2002 8:00 am P99000055977 DOCUMENT # **Secretary of State** 1. Entity Name HOTEL: GENERAL PARTNER, INC. 03-05-2002 90140 032 \*\*\*150.00 Principal Place of Business Mailing Address 2121 SW 3RD AVE 2121 SW 3RD AVE MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 65-0931736 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rodolfo E. Pita FRIEDMAN, HARRY J Street Address (P.O. Box Number is Not Acceptable) 2121 SW 3rd Ave., Suite 800 1221 BRICKELL AVE MIAMI-DADE FL 33131 City Zip Code 33129 FL Miami 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change POMA, ERNESTO O NAME 2121 S.W. THIRD AVENUE, #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE Delete TIT).E ☐ Change Addition PITA, RODOLFO E NAME 2121 S.W. THIRD AVENUE, #800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regulied 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 amountered.