

2000 UNIFORM BUSINESS REPORT (UBR)

019264

DOCUMENT # P99000057887

FILED

00 APR 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

EGR HOTEL PARTNERS, INC.

Principal Place of Business

2121 SW 3RD AVE
MIAMI FL 33129

Mailing Address

2121 SW 3RD AVE
MIAMI FL 33129-1490

*NOTED
1/24/00
ML*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936751

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

2/18/00 90051/001 \$150.00

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, HARRY J
1221 BRICKELL AVE
MIAMI FL 33131

*V# 000461
SNU# 01007887
GL# 1406-0000*

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 Delete
NAME DP
STREET ADDRESS POMA, ERNESTO O
CITY-ST-ZIP 2121 S.W. THIRD AVENUE # 800
MIAMI FL 33129

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME DS
STREET ADDRESS PITA, RODOLFO E
CITY-ST-ZIP 2121 S.W. THIRD AVENUE # 800
MIAMI FL 33129

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PAID
DATE 1-21-00
CHECK # 432
AMOUNT \$ 150.00 (GLOBAL)

LS

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 persons empowered.

SIGNATURE:

Rodolfo Pita 1/24/00 305 285-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)