

2000TM UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 469774

1. Entity Name

SELF-SERV INNS, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90071 046 ***150.00

Principal Place of Business

Mailing Address

5001 NW 36TH ST.
MIAMI SPG FL 33166

5001 NW 36TH ST.
MIAMI SPG FL 33166-6003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1828098

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRENTNER, CHARLES G.
5001 NW 36 ST
MIAMI, FLORIDA
33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
GRENTNER, CHARLES G
831 S ATLANTIC AVE
COCOA BCH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/00

305/865-7100 X608

Attachment
DH# 469774
D0068775

JUNE 30TH 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
TALLAHASSEE FL

RE: 469774 SELF-SERV INNS, INC

ENCLOSED PLEASE FIND PAYMENT FOR RENEWAL OF 2000 UBR.
WE HAD OUR OFFICES REMODELED AND APPLICATIONS WERE MISPLACED
ON THE MOVING. I WILL APPRECIATE SOME CONSIDERATION FOR THE
DELAY DUE TO THOSE CIRCUNSTANCES AND THE FACT THAT WE HAVE
FOUR CORPORATIONS TO RENEW AND WILL AMOUNT TO A
CONSIDERABLE PENALTY CHARGES.

PLEASE ADVISE AND THANKS FOR CONSIDERING MY REQUEST.

SINCERELY



LINA M ECHEVARRIA
Office Mgr
5001 NW 36 ST
MIAMI FL 33166