

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 673835**

1. Entity Name

HOTEL-MOTEL MANAGEMENT CORP.

Principal Place of Business

**1950 N PARK PLACE
201
ATLANTA GA 30339**

Mailing Address

**1950 N PARK PLACE
201
ATLANTA GA 30339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2004690**Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**YADO, JESS J., III, ESQ
4830 W. KENNEDY BLVD., STE 750
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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, 2001 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	KASSAM, P H	53 BRIARSCROSS BLVD AGINCOURT, ONT, CAN	☐ Delete					☐ Change ☐ Addition
	PD	KASSAM, AZIM P	53 BRIARSCROSS BLVD AGINCOURT, ONT, CAN	☐ Delete					☐ Change ☐ Addition
	S	KASSAM, AZIM, P	53 BRIARSCROSS BLVD AGINCOURT, ONT, CAN	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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

Azim P. Kassam**03-05-01**

Date

770 303 0717

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90039 001 ***150.00

03-12-2001 90039 002 *****8.75

29803

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)