

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**DOCUMENT # L26052**

FILED

00 JUN 22 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**AMIGOS ENTERPRISES OF ORLANDO, INC.**

Principal Place of Business      Mailing Address  
**5801 DAHLIA DR  
ORLANDO FL 32807  
US**      **P O BOX 574927  
ORLANDO FL 32857-4927  
US**

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 **59-2975048**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NEGRON, ISRAEL  
5801 DAHLIA DRIVE  
ORLANDO FL 32807**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEGRON, ISRAEL 1500 S. SEMORAN BLVD. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOTO, EVARISTO 1500 S. SEMORAN BLVD. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, LUIS F. 1500 S. SEMORAN BLVD. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: EVARISTO SOTO, JR. VP      Date: 5/31/00      Daytime Phone #: (407) 277-2888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

06-16-2000 90112 030... 1501 00

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Attachment  
L-26052



2102 Piedmont Road Atlanta, Georgia 30324 (404) 875-7910 fax (404) 875-9544

June 26, 2000

Mr. Tyrone Stott  
Florida Department of State  
Annual Reports Section  
Division of Corporations  
P.O.6327  
Tallahassee, Florida 32314

Re: Intown Suites Beach Boulevard, Inc. - F99000004016

Dear Mr. Stott:

Enclosed is a copy of the annual report for the above referenced company. As Ms. Taylor told you this morning, we did not receive this report and requested a blank form on May 2 and May 17, 2000. The report was mailed on May 22, 2000 and was returned for an incorrect address early in June. We immediately returned the report to the correct address via UPS Priority Service. Enclosed with the report and our check was a letter requesting an abatement of the penalty for late filing; we are again requesting that the penalty be waived.

If you need additional information, please let us know. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill R. Brewer", written over a horizontal line.

Bill R. Brewer  
Chief Financial Officer