

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-25-2003 90332 009 ***150.00

DOCUMENT # P02000085222

1. Entity Name
HOSPITALITY PROCUREMENT GROUP, INC.



Principal Place of Business
**9300 N W 25TH ST
SUITE 208
MIAMI FL 33172**

Mailing Address
**9300 N W 25TH ST
SUITE 208
MIAMI FL 33172**



2. Principal Place of Business
**9600 NW 25 ST
Suite, Apt. #, etc.
2E**

3. Mailing Address
**9600 NW 25 ST
Suite, Apt. #, etc.
2E**

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
43-2013764

Applied For
☐ Not Applicable

Zip
33172

Country

Zip
33172

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**ALVAREZ, MANNY
9300 N W 25TH ST
SUITE 208
MIAMI FL 33172**

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
**9600 NW 25 ST
Suite 2E**
City
MIAMI **FL** Zip Code
33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
ALVAREZ, MANNY
9300 N W 25TH ST, SUITE 208
MIAMI FL 33172** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
PRATO, ERNESTO
9300 N W 25TH ST, SUITE 208
MIAMI FL 33172** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

786-331-9512
Daytime Phone #

MANNY ALVAREZ

CR2E034 (10/02)