

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **552554**

1. Entity Name
C.G.P. MOTEL, INC.



**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90094 023 ***150.00

Principal Place of Business
915 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address
915 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

2. Principal Place of Business

311 NORTH OCEAN DRIVE
Suite, Apt. #, etc.
apt. 307

3. Mailing Address

311 NORTH OCEAN DRIVE
Suite, Apt. #, etc.
apt 307

City & State

HOLLYWOOD FL

Zip

33019

Country

33019

Country

6. Name and Address of Current Registered Agent

CAROLA, VINCENT
915 NO OCEAN DRIVE
HOLLYWOOD FL

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. 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)

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

TITLE **PD** Delete
NAME **CAROLA, VINCENT**
STREET ADDRESS **915 NORTH OCEAN DRIVE**
CITY-ST-ZIP **HOLLYWOOD, FL 00000**

TITLE **STD** Delete
NAME **PAULINE, CAROLA**
STREET ADDRESS **915 N OCEAN DR**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Change Addition
NAME **CAROLA VINCENT**
STREET ADDRESS **311 NORTH OCEAN DRIVE APT 307**
CITY-ST-ZIP **Hollywood FL 33019**

TITLE **STD** Change Addition
NAME **PAULINE CAROLA**
STREET ADDRESS **311 NORTH OCEAN DRIVE apt 307**
CITY-ST-ZIP **Hollywood FL 33019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Seal of the State of Florida
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

Daytime Phone #

CR2E034 (10/02)

0158412 AV